

OVERVIEW AND SCRUTINY BOARD

A meeting of **Overview and Scrutiny Board** will be held on

Wednesday, 19 February 2014

commencing at **5.30 pm**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus,
Torquay, TQ1 3DR

Members of the Board

Councillor Thomas (J) (Chairman)

Councillor Bent
Councillor Darling (Vice-Chair)
Councillor Pentney
Councillor Stockman

Councillor Hytche
Councillor Davies
Councillor McPhail
Councillor Kingscote

Co-opted Members of the Board

Penny Burnside, Diocese of Exeter

Working for a healthy, prosperous and happy Bay

For information relating to this meeting or to request a copy in another format or language please contact:

Kate Spencer, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207063

Email: scrutiny@torbay.gov.uk

OVERVIEW AND SCRUTINY BOARD AGENDA

1. **Apologies**
To receive apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 1 - 2)
To confirm as a correct record the minutes of the meetings of the Board held on 29 January 2014.
3. **Declarations of Interest**
 - a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
 - b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent Items**
To consider any other items that the Chairman decides are urgent.
5. **Allocations Policy - Review and potential changes** (Pages 3 - 48)
To consider the draft report to Council on the review of the Allocations Policy and to make any comments and/or recommendations.
6. **Strategic Agreement between Torbay and Southern Devon Health and Care NHS Trust and Torbay Council** (Pages 49 - 128)
To consider the proposed Annual Strategic Agreement between the Council and the Torbay and Southern Devon Health and Care NHS Trust and to make any comments and/or recommendations to the Council.
7. **Revenue Budget Monitoring 2013/2014 (Quarter 3)** (To Follow)
To consider the projected outturn of the Council's revenue budget

for 2013/2014 as at the end of Quarter 3 and to make any comments, conclusions and/or recommendations to the Mayor and Council.

8. Capital Plan Budget Monitoring 2013/2014 (Quarter 3)

(Pages 129 - 145)

To consider the projected position of the Council's capital plan budget as at the end of Quarter 3 of 2013/2014 and to make any comments, conclusions and/or recommendations to the Mayor and Council.



Minutes of the Overview and Scrutiny Board

29 January 2014

-: Present :-

Councillor Thomas (J) (Chairman)

Councillors Bent, Darling (Vice-Chair), Davies, Hytche, Kingscote, McPhail, Pentney and Stockman

(Also in attendance: The Mayor and Councillors Cowell, Excell, James, Pountney and Thomas (D))

39. Minutes

The minutes of the meeting of the Board held on 27 November 2013 were confirmed as a correct record and signed by the Chairman.

40. Review of Priorities and Resources 2014/2015

The Board considered the "Conclusions and Recommendations" from the Review of Priorities and Resources which had been undertaken during January 2014.

Resolved: that the Conclusions and Recommendations be adopted by the Board and that the report from the Review of Priorities and Resources be completed and published.

41. Corporate Capital Strategy

The Board considered the draft Corporate Capital Strategy and asked a range of questions of the Mayor and officers.

Resolved: that it be recommended to the Council that the Corporate Capital Strategy be amended to highlight the opportunities available for releasing Council-owned land for affordable housing (to be provided by registered social landlords).

42. Corporate Asset Management Plan

The Board considered and noted the draft Corporate Asset Management Plan.

43. Review of Reserves 2014/2015

The Board considered and noted the Review of Reserves.

44. Medium Term Resource Plan

The Board considered the Medium Term Resources Plan and asked a number of questions of the Mayor and officers.

Resolved: that the Medium Term Resources Plan be updated to include the future loss of the crisis fund as announced by the Government.

45. Revenue Budget Monitoring 2013/2014 (Quarter 3)

Consideration of this item was deferred to the next meeting of the Board.

46. Capital Plan Budget Monitoring 2013/2014 (Quarter 3)

Consideration of this item was deferred to the next meeting of the Board.

Chairman

Agenda Item 5



Meeting: Council

Date: 27th February 2014

Wards Affected: All

Report Title: Review of Torbay's Allocation Policy

Is the decision a key decision? Yes

When does the decision need to be implemented? Between 1st April and 1st Sept

Executive Lead Contact Details: Councillor, David Thomas, Deputy Mayor
Executive Lead for Spatial Planning, Housing and Energy. 01803 207069
david.thomas@torbay.gov.uk

Supporting Officer Contact Details: Julie Sharland, Strategic Housing Manager 01803 208065, julie.sharland@torbay.gov.uk

1. Purpose and Introduction

- 1.1 The Localism Act 2011 introduced changes in relation to both homelessness and allocations, which mean local authorities, are no longer required to keep an open housing register, but, are able to restrict access to their register for social housing. In Torbay we have an average of only 350 – 370 homes available for re-let per year. At least a third of these are Sheltered homes for those aged 55 and over.
- 1.2 The Act enables housing authorities to better manage their housing waiting list by giving them the power to determine which applicants do or do not qualify for an allocation of social housing. Authorities will be able to operate a more focused list which better reflects local circumstances and can be understood more readily by local people. It will also be easier for authorities to manage unrealistic expectations by excluding people who have little or no prospect of being allocated accommodation
- 1.3 In Torbay we are seeing an increasing demand in the use of emergency/temporary accommodation and high cost adult and children's social care intervention services provided by the authority. This combined with the need to achieve significant budget savings, has led the Mayor, Executive Lead and members to request a further review of the Allocations Policy to ensure that we are providing the best opportunities for local residents and making the most appropriate use of our social housing stock. Our approach should reflect local circumstances that are understood by local people.
- 1.4 Recent Statutory Guidance published December 2013 by Department for Communities and Local Government
<https://www.gov.uk/government/publications/allocation-of-accommodation-guidance-for-local-housing-authorities-in-england>

2. Proposed Decision

2.1 To approve that the Devon Home Choice Policy is amended in Torbay from 1st April 2014 as follows:

1. Band E applicants will be removed from the register and only those applicants in Bands A-D will be eligible for social housing in Torbay
2. Applicants who have not bid for 12 months, or turned down three reasonable offers will be removed from the register. This will be applied as of 1st April 2014.
3. A 5 year residency test will be applied as part of the qualification criteria, requiring the applicant (or member of the applicant's household) to have lived within Torbay for 5 years.

In addition other qualification criteria will apply to ensure that applicants who are not currently resident in the district/area but who can demonstrate a strong association to the local area will be able to qualify (e.g. through family association or employment).

This is defined as;

Need to work in Devon. The Local Government Association guidelines define this as employment other than of a casual nature. For the purposes of this policy this will be defined as having had permanent work with a minimum of a 16 hour contract per week for the previous 6 months, and without a break in the period of employment for more than three months.

Have family connections in Devon. The Local Government Association guidelines define this as immediate family members (parents, siblings and nondependent children) who have themselves lived in the area for five years.

To ensure we maintain the protection provided by the statutory reasonable preference criteria and the statutory guidance. **Exceptions to the 5 year residency test will be:**

- Existing Social housing tenants, in Devon. (to promote downsizing)
- Members of the Armed Forces and former Service personnel, where the application is made within five years of discharge
- Bereaved spouses and civil partners of members of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner
- Serving or former members of the Reserve Forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service
- People who are assessed as being within the reasonable preference categories – Bands A , B , Emergency and High Housing Need, as per the DHC Policy. (This includes those fleeing violence and Statutorily Homeless)
- Applicants requiring Sheltered Housing (represents 1/3 rd of all annual lets)

4. The allocation policy is amended to enable the Council to prioritise working households in areas of high unemployed households and where there is an evidenced need, via a local lettings plan.
5. The Allocation Policy is amended to state the Council can introduce a Annual Lettings Plan (this will be informed by the monitoring of location, types and length of tenancies over a 12 month period and Transfers)

3. Reason for Decision

- 3.1 To ensure a Housing Options approach to better manage the waiting list and expectations for access to Social Housing in Torbay which is in very limited supply.
- 3.2 A strong and pro-active housing options approach brings several benefits: people are offered support to access the housing solution which best meets their needs (which might be private rented housing, low cost home ownership or help to stay put); expectations about accessing social housing are properly managed; and social housing is focused on those who need it most. A lower waiting list can also be a by-product.
- 3.3 To ensure that social housing in Torbay goes to people who genuinely need and deserve them.
- 3.4 To create more balanced and sustainable communities that are less benefit dependent.

Supporting Information

4. Position

- 4.1 The recommendations have taken account of the current guidance as follows:

Summary of the statutory guidance

- 1.1 *The guidance encourages local authorities, in deciding who qualifies for social housing, to prioritise applicants who can demonstrate a close association with their local area by adopting a residency requirement as part of their qualification criteria. The Government believes that a reasonable period of residency would be at least two years (e.g. that only households who had lived in that area for at least 2 years could join the housing register).*
- 1.2 *For areas like Devon where local authorities share a common allocation policy with their neighbours, the guidance states that local authorities may wish to adopt a broader residency test which would be met if an applicant lives in any of the partners' districts (e.g. the whole of Devon rather than an individual district). It is suggested in the guidance that such an approach might be particularly appropriate where an established housing market area spans a number of local authority districts, and could therefore help promote labour mobility within a wider geographical area.*
- 1.3 *Alongside a residency requirement, the guidance suggests that local authorities may want to adopt other qualification criteria to ensure that applicants who are not currently resident in the district/ area but who can still demonstrate a strong*

association to the local area are able to qualify (e.g. through family association or employment).

- 1.4 *The guidance makes it clear that local authorities cannot apply a local connection test to prevent members of the armed forces (who have served within the last 5 years) or their bereaved partners from joining the housing register.*
- 1.5 *The guidance also suggests that local authorities may wish to consider whether there should be other exceptions to any residency/ local connection requirement. A number of examples are provided:*
- *People who need to move away from another area, to escape violence or harm*
 - *Those who need to return, such as homeless families and care leavers whom the authority have housed outside their district, and*
 - *Those who need support to rehabilitate and integrate back into the community.*
- 1.6 *In addition, the guidance states that there may be sound policy reasons not to apply a residency test to existing social tenants seeking to move between local authorities, as it may help tenants to downsize. It is worth noting that the Government use the guidance to highlight their intention to introduce a Right to Move for social tenants seeking to move to take up a job or be closer to their work, whether within the local authority district or across local authority boundaries (which will go out for consultation in spring 2014).*

4.2 Torbay's register data that has informed the recommendations

As of October 2013, there were a total of **3101** households on the Torbay Housing Register. It has been proposed that those in band E, i.e. clients assessed as having no housing needs, and those who have not bid for a home within 12 months are removed from the register.

554 households across bands A to D have never bid, or not bid within the year and there are **1519** on band E. However, 755 people in band E have also not bid.

The consequence of applying this new criteria will be that a total of **2073** households will be removed from the Housing Register, with 1028 remaining, approximately one third of the original total.

The table overleaf shows the over 55's currently on the register (this data has been used to identify those applicants requiring sheltered housing.)

Banding	1 bed need	2 bed need	Total
A	1	0	1
B	97	11	108
C	88	15	103
D	98	4	102
E	341	6	347
Total	625	36	661

Devon Home Choice Policy v3.5 1.10.2013

<http://www.devonhomechoice.com/NovaWeb/Infrastructure/ViewLibraryDocument.aspx?ObjectID=2052>

4.3 **For further detailed analysis of those applicants most affected by the recommendations** - Refer to Appendix 1 Analysis of Households affected

5. Possibilities and Options

5.1 Torbay is the first Local Authority within Devon to introduce a Residency Test; the Devon Home Choice Management board may take a view that this is too great a local flexibility for the Common agreement/ policy in place between all partners and request Torbay to leave the Partnership Arrangement. Torbay would then be required to fund and provide its own allocations Policy and system/ process.

6. Fair Decision Making

6.1 All applicants in Band E were contacted by letter and a further random selection of 300 applicants across Bands A – D. Partners were contacted and the online questionnaire publicised on the website. Only a total of 48 responses were received, following a 6 week consultation period. The consultation results show that there is public support to implement the majority of changes suggested to the allocation policy. Changes to the recommendations have been made to take account of specific concerns.

6.2 The main implications of each proposal can be summarised as follows:

Proposal	Implications	Mitigation
Removing Band E from the Register	Only those with an established housing need in terms of the policy would be able to register for social housing. There were 1,519	All applicants to be contacted and offered advice and assistance on other housing options including registering with South West homes

	households on the register as of 1 October 2013 with no housing need.	/private rented accommodation/shared equity.
Removing applicants who have not bid for 12 months, or turned down three reasonable offers. This will be applied as of 1 st April 2014.	For some assessed housing need a suitable property may not be available within a 12 month period. It is common practice for people purchasing homes to view multiple homes without penalty, so why should applicants be treated any differently.	Any applicant has the right to a review of the decision to remove them from the register. This gives a realistic message about the limited choice, available within the Social housing stock in Torbay.
A 5 year residency test will be applied as part of the qualification criteria	The Torbay register is no longer an open register, and people who do not meet the new qualifying criteria will be restricted from joining the Register	The additional qualifying criteria and exceptions proposed will enable a range of people to register to meet the types of lets available. It will also ensure that the LA is able to support movement within the stock and keep to a minimum the use of Temporary Accommodation.
Introduction of a Annual Lettings Plan	If felt desirable, the Lettings Plan for new developments and identified specific areas can be used to achieve a distribution of the most desirable properties across the priority bands (thereby ensuring that there is an appropriate movement of households across the Housing Register and a sustainable mix of household incomes). In addition, the Lettings Plan can set an agreed target for lettings to transfer cases to ensure that there is appropriate movement within the stock	

6.3 Please refer to Appendix 2 Consultation feedback summary report

7. Public Services (Social Value) Act 2012

7.1 Not applicable

8. Risks

8.1 Torbay Council does not own any properties; it can only use its Allocation Policy for lettings to properties where a nomination right exists. The level of nominations will be

different for each Registered Provider , the changes proposed will restrict applicants from across Devon registering in Torbay, whereas many of the Registered Providers have properties across Devon and they may take the view that they no longer wish to be part of Devon Home Choice as not all applicants on the Devon Home choice register will be able to bid for Torbay properties, and they may consider running a separate register for those properties that fall outside of any nomination agreements. If this happens there is a potential cost for Torbay to provide a system for allocations via our own policy. This cost is currently covered by the Landlords within Devon Home choice at a cost of £30 per property advertised for let.

- 8.2 With the implementation of the Benefit cap and Bedroom tax, early indications from the Registered Providers and the Housing Options Service show an increase in stock turn over and void times, together with an increased demand for smaller 1/ 2 Bed properties. We will need to monitor this data on an annual basis with our partners (Annual Lettings plan) to inform any specific future lettings plans and development requirements.

Appendices

1. Analysis of the Housing register (affected Households)
2. Consultation feedback summary

Allocations Policy Review

Analysis of affected households

October 2013



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1. Background

Allocations policies were subject to tight legislative requirements, giving little room for local flexibility. The Localism Act 2011 introduced changes in relation to both homelessness and allocations, which mean local authorities, are no longer required to keep an open housing register, but are able to restrict access to their register for social housing. The Government is of the view that Local Authorities should ensure that they prioritise applicants who can demonstrate a close association with their local area.

For example, authorities can restrict the register to only those with evidenced housing need, or only those with a local connection. At the same time the Act gives local authorities the power to award additional priority to certain households, for example, those in employment.

The existing Torbay allocations policy was last reviewed and agreed by council in January 13. Social housing is a scarce resource, in Torbay we have a limited supply of 5,600 homes available to rent, and between 350 and 370 average re - lets per year. With the planned delivery of affordable homes only expected to be 100 per year, of which 70% should be rented and 30% should be shared ownership.

The table reflects the current pipeline; there are no assurances that these homes will be delivered

Year	Rented	Shared ownership
2013/14	179	15
2014/15	103	30
2015/16	75	35
2016/17	50	25
2017/18	50	25
Total	457	130

The policy needs to promote and encourage households to seek alternatives to social housing.

We are seeing an increasing demand in the use of emergency/temporary accommodation and high cost adult and children’s social care intervention services provided by the authority. This combined with the need to achieve significant budget savings, has led the Mayor, Executive Lead and members to request a further review to ensure that we are providing the best opportunities for local residents and making the most appropriate use of our social housing stock. Our approach should reflect local circumstances that are understood by local people.

The code of guidance and the Housing Act 1996s166A(3) require us to avoid setting policy criteria which disqualify groups of people whose members are likely to be accorded reasonable preference for social housing.

Activity Plan

1. Members of the conservative group to agree scope of review and consultation questions.
2. A six week public consultation, with a report to return to Overview and Scrutiny and Member groups, prior to final recommendations to full council in February/ March 2014
3. Members to see the comments made through the consultation process regarding the proposed changes.

4. Provide further information and analysis regarding the make-up of bands and those applicants who would be directly impacted by the proposals.
5. To agree final recommendation of allocation policy changes for full council.

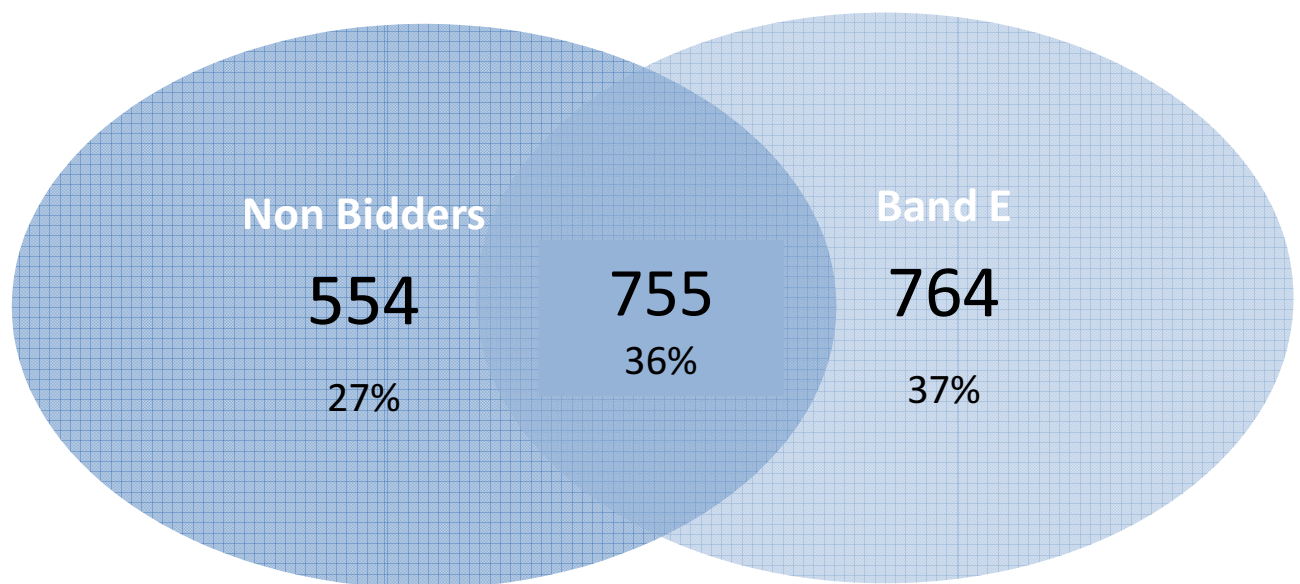
The following issues are under consideration:

1. Apply a local connection criteria/ eligibility of 5 years residency for anyone wishing to register, who is not eligible under the reasonable preference criteria. (Allocations guidance) or apply a 2 year residency test to all new applicants as a new qualification criteria. **(the government latest proposal Oct 13 for strengthening statutory guidance on social housing allocations, it is also proposed that local authorities should consider adopting other qualification criteria alongside the residency test so that people who are able to demonstrate a strong association to the local area are not disadvantaged – this might include close family who have lived in the area for a min period of time and employment in the area for a min number of years)**
2. Remove band E from the Torbay housing register and restrict the allocation of social housing to those with an evidenced housing need as defined within the policy (To manage unrealistic expectations by excluding people who have little or no prospect of being allocated housing. To reduce the processing time/ work load of housing options staff – there is a risk that initially this would create additional work in terms of households requesting a review of their priority)
3. Remove applicants who have not bid for 12 months, or refuse three properties
4. Give additional priority for those households working in Torbay. This could be applied to particular areas of deprivation to achieve more balanced sustainable communities.
5. Give additional priority for those households volunteering

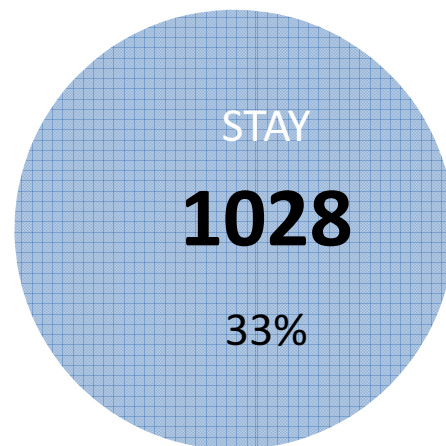
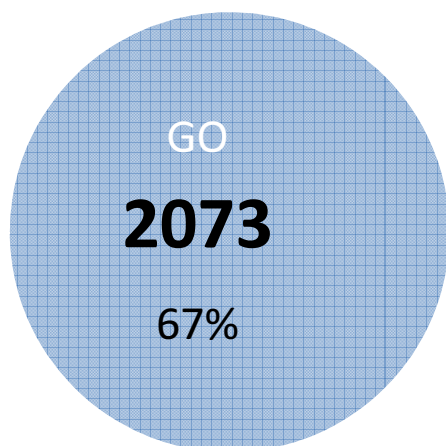
Summary

As of Oct 2013, there were a total of **3101** on the Housing Register. It has been proposed that people in band E with ‘no housing needs’ and those who have not bid within 12 months are removed from the Register.

554 people across bands A to D have never bid, or not bid within the year and there are **1519** on band E. However, 755 people in band E have also not bid.



If the ‘cross over’s’ between the groups identified above are taken into consideration, there will be a total of **2073** people lifted from the Housing Register, with 1028 people remaining, approximately one third of the original total.



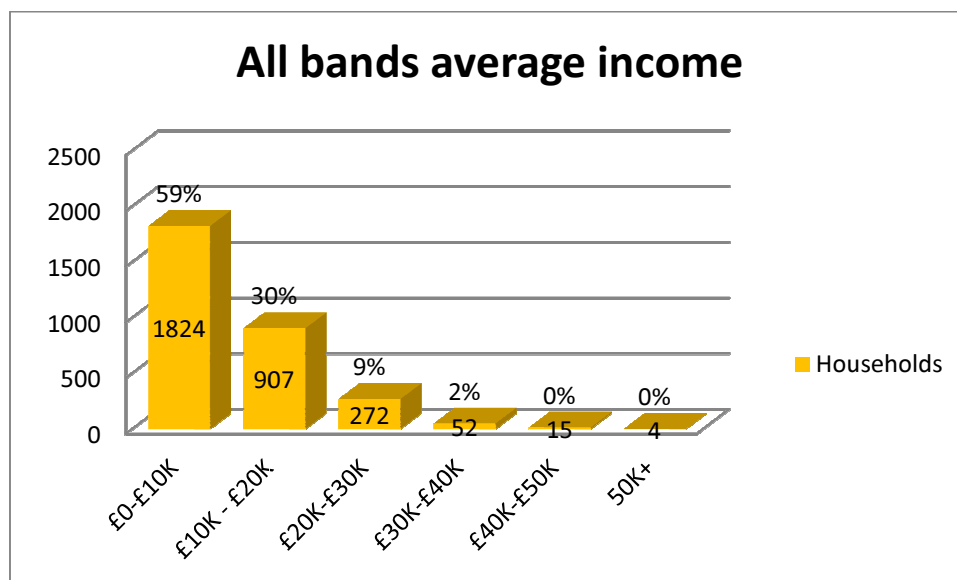
2. Analysis of applicants

Definitions of categories below

All Torbay Home Choice: Applicants per band as at October 2013.

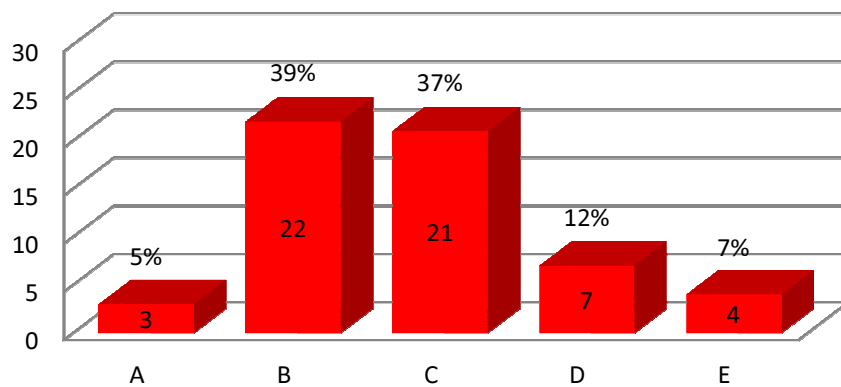
Bands	Assessment of housing need	Applicants	%*
A	Emergency Housing Need	5	0.2%
B	High Housing Need	346	11%
C	Medium Housing Need	455	15%
D	Low Housing Need	776	25%
E	No Housing Need	1519	49%
Total		3101	

*rounded up

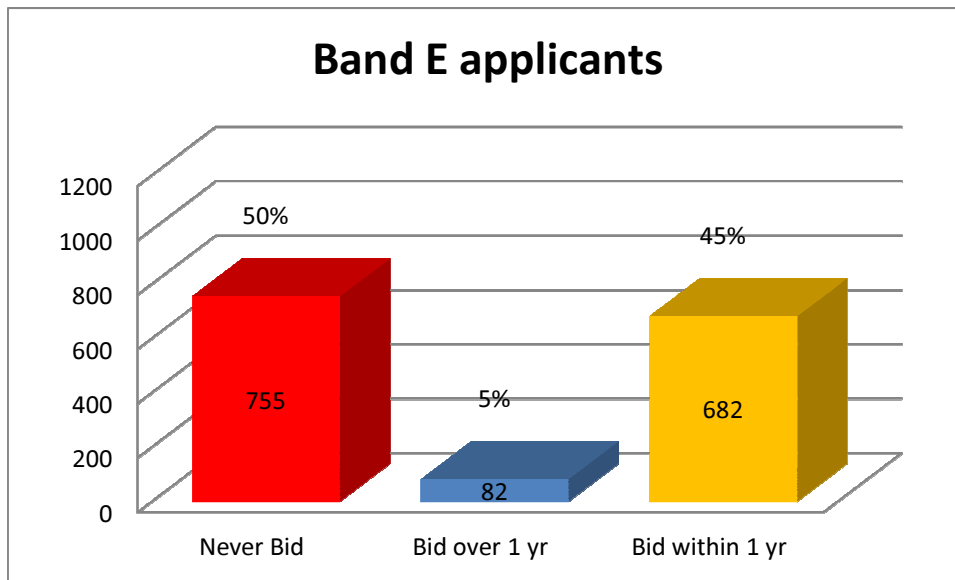


*data unavailable for 19 households

Movement into Torbay without a local connection by band

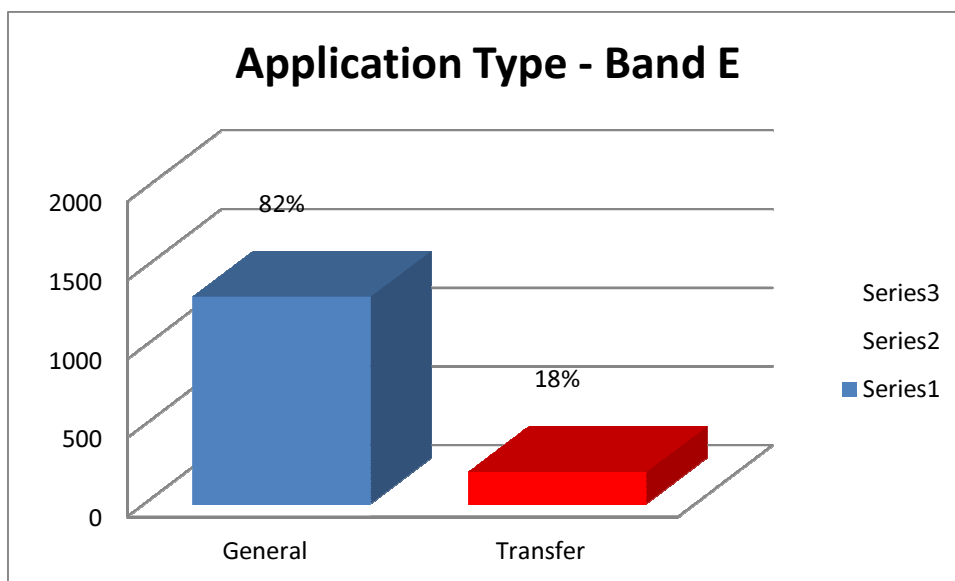


3. Band E applicants: 'No housing need'



Bidding history

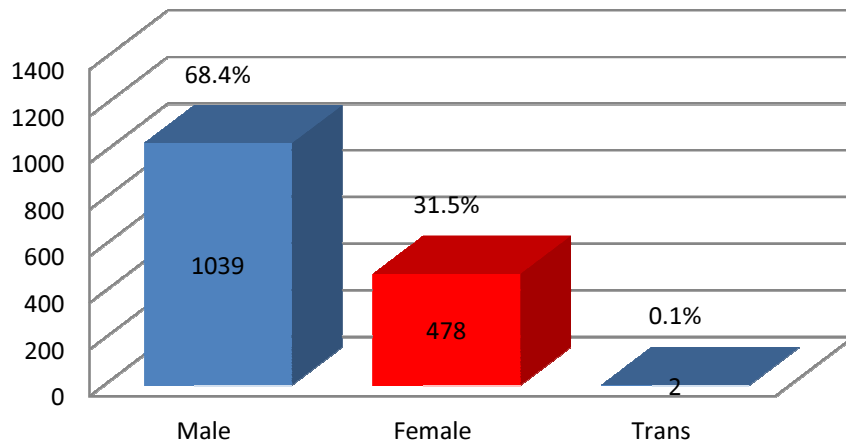
If you combine the number of band E applicants who have never bid and those who have not a bid within the last 12 months, you arrive at a figure of **837**. This is **55%** of the band E total of **1519**, and approximately **27%** of the total register.



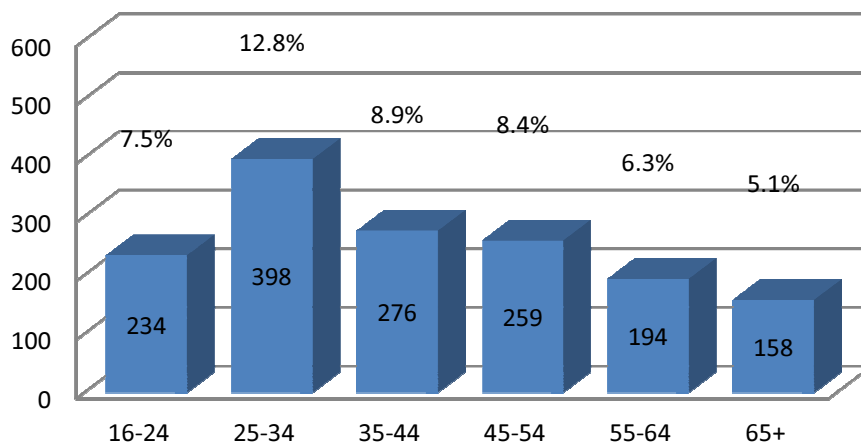
Application Type

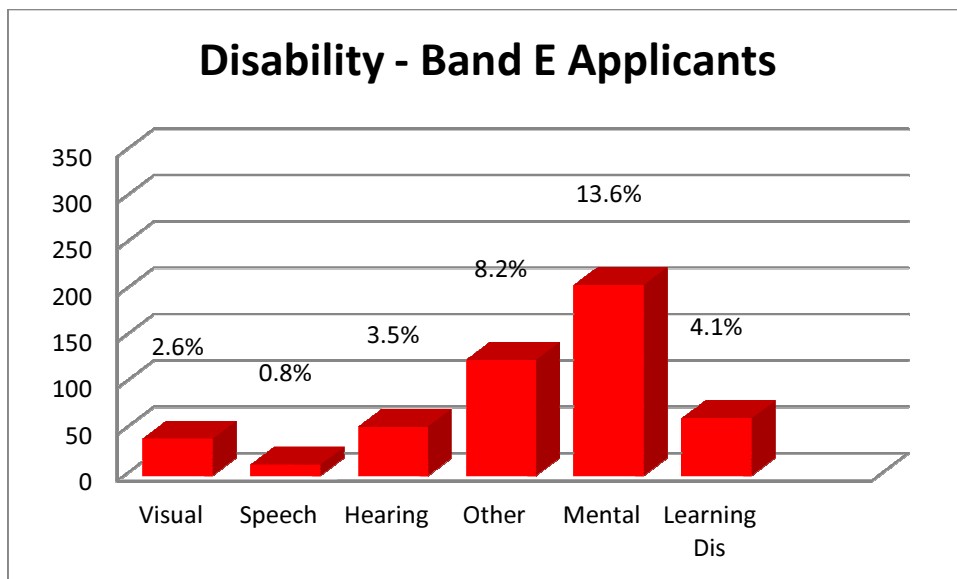
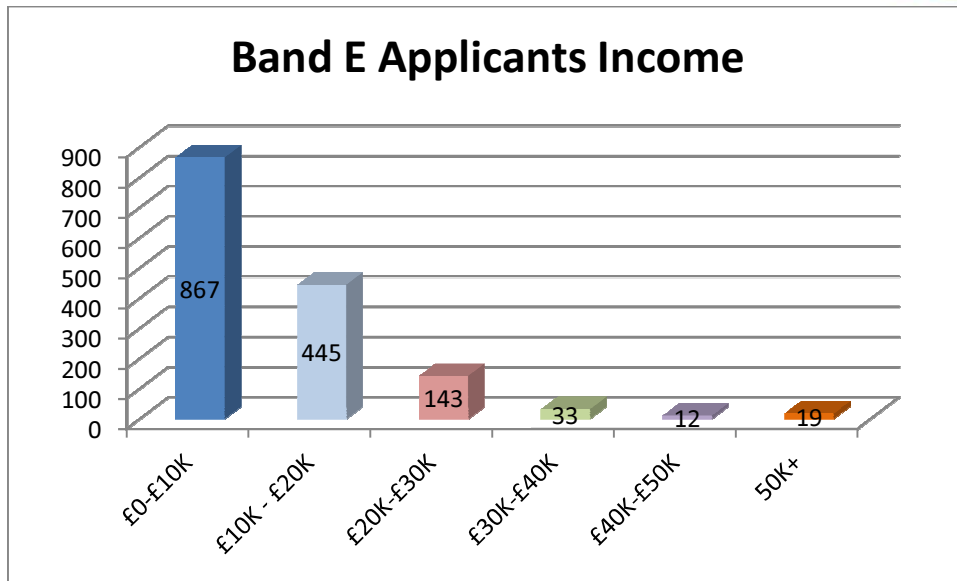
People who are registered to 'transfer' are those who are living in social housing and want to move within the area, but who are deemed to already live in suitable accommodation. They are eligible for a mutual exchange. 'General needs' records

Gender - Band E Applicants

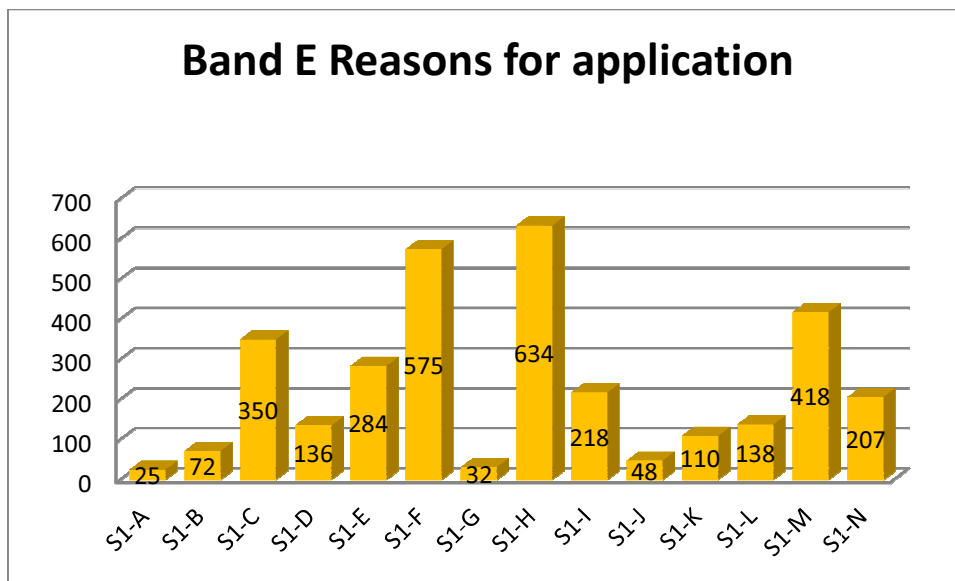


Age - Band E Applicants





The chart shows the number and percentage of band E applicants with disabilities, by disability type. Applicants may have more than one disability. 386 band E applicants have a disability (25.4%).



Key to chart categories

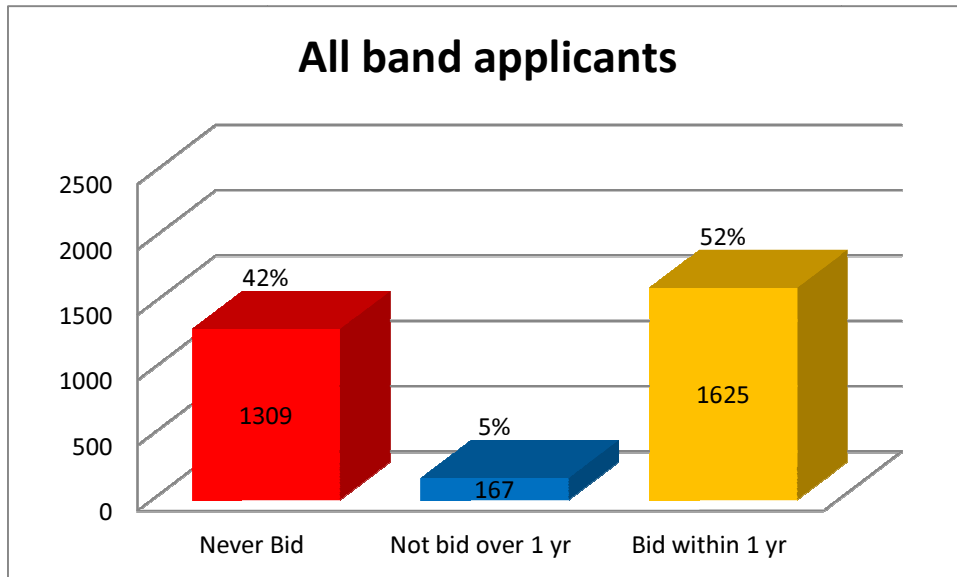
S1-A	Are you currently serving or have you served in the regular UK armed Forces?
S1-B	Are you a council or housing association tenant who wants to move to a smaller home?
S1-C	Are you seeking to live in a particular village within Devon where you have a local connection?
S1-D	Are you ready to move from supported accommodation to independent living?
S1-E	Are you homeless or at risk of becoming homeless?
S1-F	Are you struggling to afford your current home?
S1-G	Do You Share Kitchen Toilet Bathroom etc
S1-H	Health Wellbeing Made Worse By Current Home
S1-I	Do you need to move because your current home is in very poor condition?
S1-J	Do You Have Children Under 8 Years Old And Live On Or Above The Third Floor
S1-K	Do you want to live in sheltered housing
S1-L	Do you need to move to escape violence (including domestic violence) or harassment?
S1-M	Do you need to move to be near to family to give or receive support?
S1-N	Do you need to move to a larger home because you don't have enough bedrooms for your household?

Applicants may have more than one reason for moving

4. Non bidding applicants: all bands

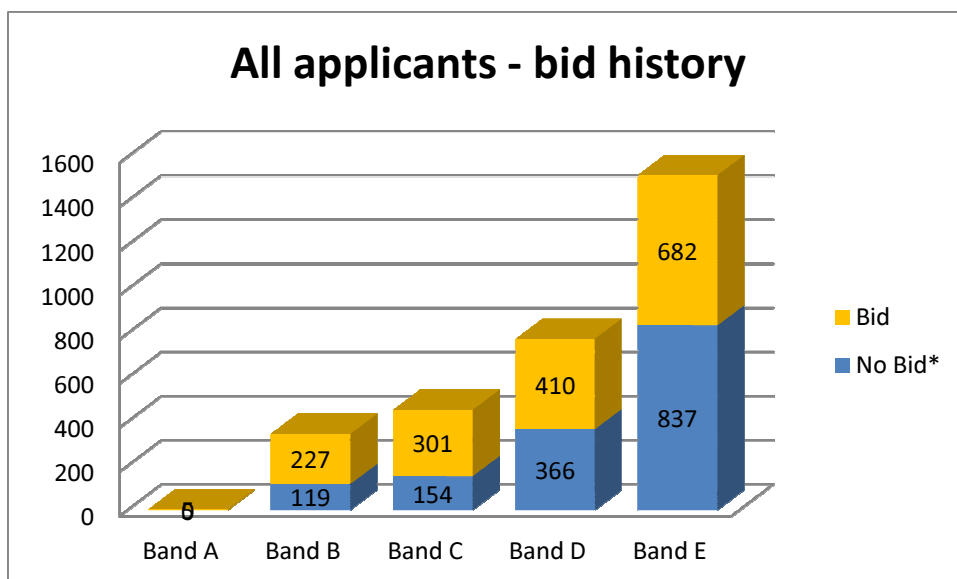
Non bidding applicants; all bands

As of Oct 2013, **3101** people were registered on the housing register. Of that number, a total of **1476** were recorded as having never made a bid, or as having not made a bid within one year. This leaves a total of **1625** active applicants bidding on property within the last year.



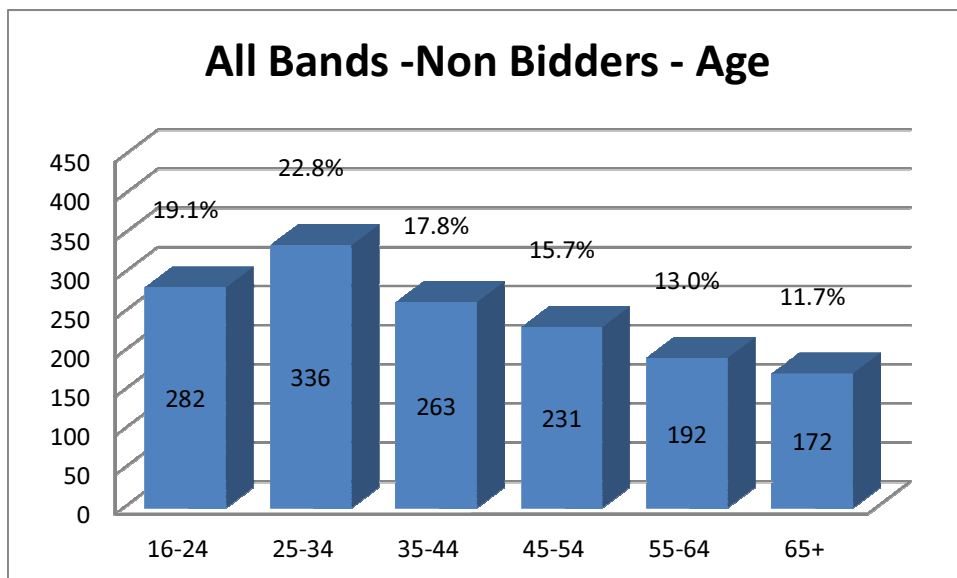
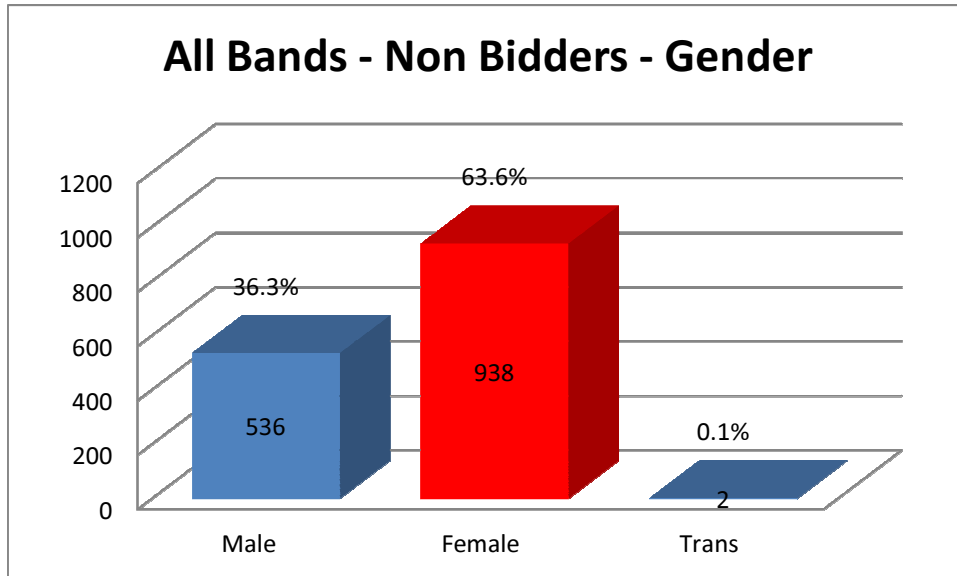
Bidding history

Of the **3101** people registered for Social Housing, **1476** were recorded as having never made a bid or not having bid within one year. **This represents 48% of the Housing Register.**

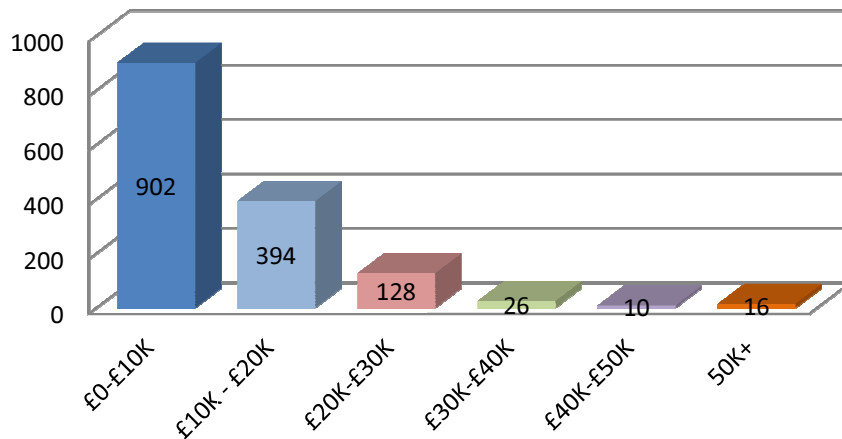


**No bid = applicants who have never bid and those who have not bid within one year*

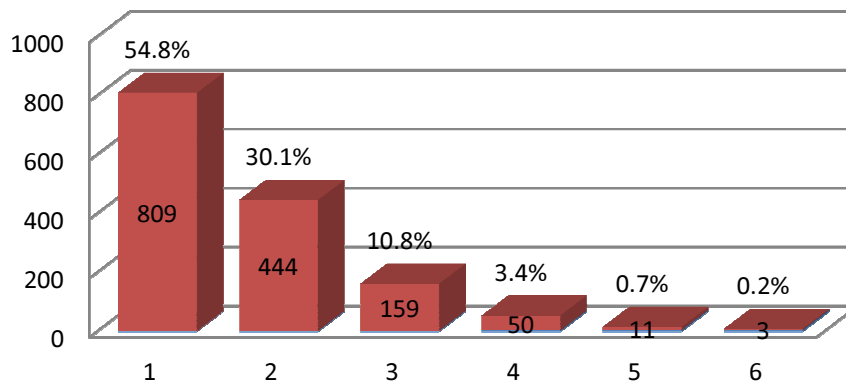
Approximately **55%** of band E has never bid, or not bid within 1 year – that’s approximately **27%** of the total register

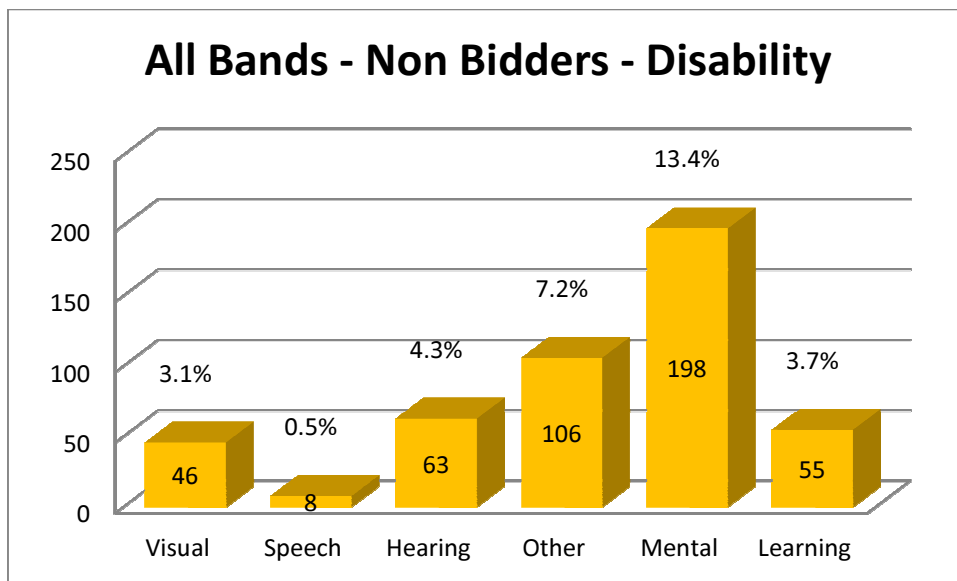


All Bands - Non Bidders - Income

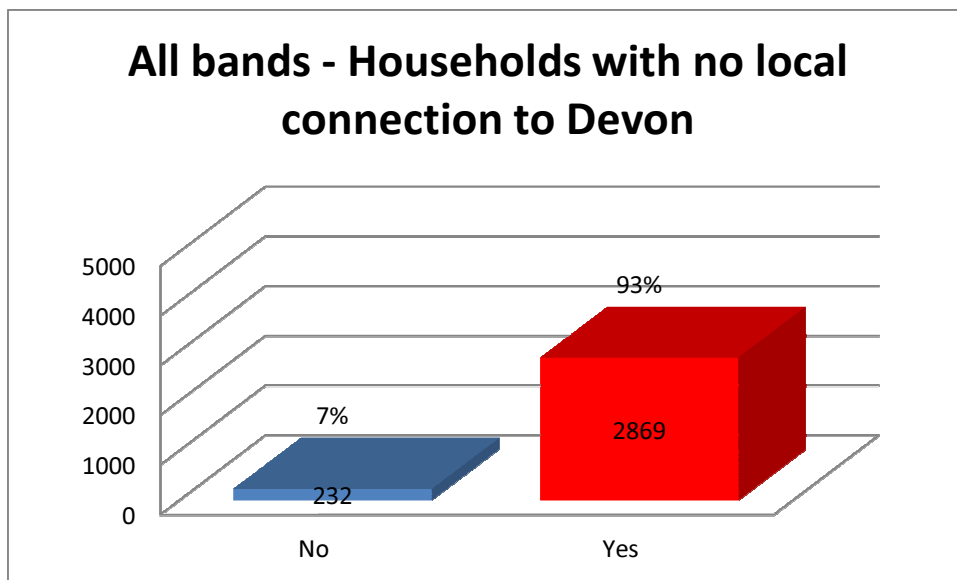


All Bands - Non Bidders - Bedroom Requirement





The chart shows the number and percentage of non bidding applicants with disabilities, by disability type. 888 applicants have a disability (29%).



4% of people in 'all bands' have no local connection to Devon



Housing Allocation Policy Review

Consultation Report January 2014

Method Online & Paper	Number of questionnaires returned
Online	45
Paper	3
Total	48

The survey was open from
9th December 2013 to 17th January 2014

Appendix 2



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1. Introduction

Consultation has been undertaken by Torbay Council on the review of the Housing Allocations policy.

The Localism Act 2011 introduced changes in relation to both homelessness and allocations, which mean local authorities are no longer required to keep an open housing register, but, are able to restrict access to their register for social housing. In Torbay we have an average of only 350 - 370 homes available for re-let per year. At least a third of these are Sheltered homes for those aged 55 and over.

We are seeing an increasing demand in the use of emergency/temporary accommodation and high cost adult and children's social care intervention services provided by the authority. This combined with the need to achieve significant budget savings, has led the Mayor, Executive Lead and members to request a further review to ensure that we are providing the best opportunities for local residents and making the most appropriate use of our social housing stock. Our approach should reflect local circumstances that are understood by local people.

2. Methodology

The survey was conducted by means of an online Questionnaire on the Council website, a background document providing an analysis of potentially affected households on the Housing Register was also made available.

Letters were also sent out to all of those currently registered on the Housing Register (Devon Home Choice).

The tables below were constructed, along with the numbers of responses and the calculated percentages, from the set of responses received. All of the tables in the report use the overall number of complete answers to each proposal in the total of returned questionnaires as the denominator unless otherwise stated.

3. Quality Assurance

To ensure the quality of data provided, all of the information received and extracted from the online survey returns was verified and quality checked. This provides the assurance that the results based on them present an accurate representation of the respondent's views.

4. Summary of results

- 52% all respondents answered “No” to the proposal to apply a minimum 5-year residency requirement.
- Almost a third (29.2%) answered “No” to proposal 2 (the removal of those who had not bid on any properties for a year)
- and nearly a quarter (22.9%) answered “No” to proposal 3 (the removal of those who had refused three reasonable offers of a home);
- Two thirds of all respondents (67%) answered “No” to proposal 4 to removal from the list of all persons/households now in Band E, (52.1% and 66.7% respectively);
- Those saying “No” were just slightly over a fifth (20.8%) giving greater priority on the list to low income households,

5. Results

Qu1) The Council is proposing applying a minimum 5 year length of time living in Torbay as a residency test to all applicants as the new qualification criteria for the housing register. Do you agree with this proposal?

Do you support this proposal?	Number	Percent
Yes	22	45.8%
No	25	52.1%
No response	1	2.1%
Total	48	100.0

Of the 25 respondents who selected 'No' they do not support the proposal, 23 respondents made comments related to the proposal. These have been summarised into themes below:

Category	Examples of comments– where respondents said 'No' above
Five years is too long	<p><i>"Five years is a long time. Families with children will be established within the area long before this time."</i></p> <p><i>"It is too general and there may be circumstances where this will disadvantage people who are in real need."</i></p>
Fails to take individual circumstances into account	<p><i>"Some people have moved to the area legitimately (i.e.. private tenancy and/or employed) and due to unfortunate circumstances become reliant on social housing. Under the new proposal they would not be entitled to housing"</i></p> <p><i>"Every person or persons applying have to have their circumstances and welfare taken into account."</i></p>
Discriminates against some types of people	<p><i>"It is too general and there may be circumstances where this will disadvantage people who are in real need."</i></p> <p><i>"It discriminates against people wishing to move to the area for employment or caring responsibilities"</i></p> <p><i>"Some people have moved to the area legitimately (i.e. private tenancy and/or employed) and due to unfortunate circumstances become reliant on social housing. Under the new proposal they would not be entitled to housing"</i></p>
Existence of problem / ownership of social housing	<p><i>"...this proposal is trying to 'fix' a problem that does not exist. The vast majority of social housing lettings already go to local people and it is likely that all this will do is unfairly restrict housing for people that might not be quite as 'local' as others."</i></p> <p><i>"Torbay Council does not own any social housing properties and therefore it can only apply restrictions on lettings after agreeing them with the social landlords operating in Torbay."</i></p>

Qu 2) The Council is proposing removing applicants who have not placed a bid for a property in over a year. This would be applied based on the housing register information at 1st October 2013. Do you agree with this proposal?

Do you support this proposal?	Number	Percent
Yes	34	70.8%
No	14	29.2%
No response	0	0.0%
Total	48	100.0

Of the 14 respondents who selected 'No' they do not support the proposal, 13 respondents made comments related to the proposal. These have been summarised into themes below:

Category	Examples of comments– where respondents said 'No' above
Goes against "choice"	<p><i>"...sometimes there are no suitable properties in the area you wish to apply for"</i></p> <p><i>"...the right property might not have come up..."</i></p> <p><i>"...properties that are advertised are not always in the area that you require..."</i></p>
Doesn't account for "Why" no bids	<p><i>"Are we now saying take a property you do not want or be removed from the list. This would also apply to applicants waiting on properties which have been adapted for their physical disabilities."</i></p> <p><i>"...may be some reason for not accessing the account..."</i></p> <p><i>"...wasn't given the opportunity to bid as I was placed in band E."</i></p>
Not enough properties	<p><i>"There are approximately 300 vacancies every year in Torbay. So realistically we are not able to meet everyone's requirements in one year. Therefore applicants have a right to exercise their choice not to bid for properties they consider do not meet their needs. Equally a property of the right size to meet need may not have been advertised within one year."</i></p>

Qu 3) The Council is proposing removing applicants from the housing register if they turn down three reasonable offers of a home. This would be applied based on the housing register information at 1st October 2013. Do you agree with this proposal?

Do you support this proposal?	Number	Percent
Yes	37	77.1%
No	11	22.9%
No response	0	0.0%
Total	48	100.0

Of the 11 respondents who selected 'No' they do not support the proposal, 10 respondents made comments related to the proposal. These have been summarised into themes below:

Category	Examples of comments– where respondents said 'No' above
What is a "reasonable" offer?	<p><i>"The term "reasonable" is open to interpretation."</i></p> <p><i>"There may be a number of factors involved so an arbitrary decision as to what constitutes a 'reasonable offer' is not sufficient to meet the needs of individual clients."</i></p>
Choice is being very restricted	<p><i>"...difficult to make a decision on how appropriate a property is without seeing it and the area."</i></p> <p><i>"...choice of a new home is a very important decision. It can make all the difference to the health and well being of all the occupants and if the new home turns out to be unsuitable, it is a very expensive mistake to fix. It is not uncommon for Owner Occupier's to look at 25+ properties before finally deciding on the one that meets most of their needs and yet just because someone is poor, Torbay are proposing to take this important choice away from applicants. This is not a customer focused approach and again is trying to 'fix' a problem that doesn't exist. Choice is a good thing and the more choice an applicant has, the more likely they are to take responsibility for their decisions, good or bad."</i></p>
Should ask for reasons	<p><i>"...maybe more detailed reasons why housing is not suitable that is not captured on original application. Applicants should be asked to justify their refusals after three though so their needs can be reassessed."</i></p> <p><i>"...some people are on automatic bidding and don't have control on the properties bid on."</i></p>

Qu 4) The Council is proposing removing band E i.e. clients assessed as having no housing needs and its applicants. Do you agree with this proposal?

Do you support this proposal?	Number	Percent
Yes	16	33.3%
No	32	66.7%
No response	0	0.0%
Total	48	100.0

Of the 32 respondents who selected 'No' they do not support the proposal, 31 respondents made comments related to the proposal. These have been summarised into themes below:

Category	Examples of comments– where respondents said 'No' above
Being in Band E doesn't mean no housing needs	<p><i>"...sometimes people are wrongly placed in Band E..."</i></p> <p><i>"...many reasons why people in band E wish to move from their property, and home swapper does not work."</i></p> <p><i>"These people are applying to social housing for a reason and if they are prepared to wait for a property this should be their choice."</i></p> <p><i>"I disagree, as I myself am on the E band and I live in a home that is not suitable for my self and my husband. It is cold and damp in the winter and we sit with no heating as we can not afford to eat and heat the property."</i></p>
Band E people are often trying to downsize	<p><i>"Band E has persons in it who are desperate to downsize by transfer. They are having to pay for an extra money for bedrooms. They are not only trying mutual exchange routes....this is a large band made up of a variety of people many who have problems just explained.....to cull this and hope it will go away seems to bury your head in the sand. Needs much more thought this particular band."</i></p> <p><i>"...by removing band E you would be discriminating against those who you feel have adequate housing but if you actually look at individual cases such as myself, we have been forced into private housing and are actually struggling to afford the rent and building up a lot of debt..."</i></p>
Detrimental to clients	<p><i>"Devon Homechoice partnership is in danger of collapsing, as each Council appears to be introducing different policies rather than the existing Devon wide approach. This adds complexity, costs and reduces customer service."</i></p> <p><i>"There are applicants in band E who would accept properties that the other Bands have rejected and would happily apply for these."</i></p>

Qu 5) The Council is proposing giving priority to low income households. Do you agree with this proposal?

Do you support this proposal?	Number	Percent
Yes	38	79.2%
No	10	20.1%
No response	0	0.0%
Total	48	100.0

Of the 10 respondents who selected 'No' they do not support the proposal, 9 respondents made comments related to the proposal. These have been summarised into themes below:

Category	Examples of comments– where respondents said 'No' above
Income ought not to be the only factor	<p><i>"...should be on a personal needs basis not a financial one, there are enough procedures in place to help genuine cases..."</i></p> <p><i>"I think someone like me who has a permanent illness should be given priority even above low income households. I feel trapped as there is nothing I can do to improve my position."</i></p> <p><i>"You cannot only take into account the household income there are other factors that have an impact on a persons situation."</i></p>
Danger of promoting poverty	<p><i>"Social housing is already allocated to those people who are in most need, which can and usually does mean households with a low income. This proposal is in danger of giving a perverse incentive to be poor and it is also almost impossible to administer."</i></p>
If income is the main factor why should the cut-off point be so low	<p><i>"...the people on the next pay level should also be included.....I earn just too much to get any help from benefits etc all my money goes on rent (private) bills and food I have nothing left at the end of any month. I don't drink, I don't smoke, I don't drive, obviously, no car I am not classed as low income but I can't afford to live and there are many more like me so not just low income."</i></p>
Each case should be assessed on own facts/needs	<p><i>"Each case should be assessed on housing need regardless of income."</i></p> <p><i>"...social housing should be on a personal needs basis not a financial one, there are enough procedures in place to help genuine cases..."</i></p>

Qu6) Do you have any further comments?

There were 29 respondents who made additional comments related to the proposal. These have been summarised into themes below:

Category	Examples of comments– where respondents said ‘No’ above
<p>These issues should not be framed as Yes/No, Black/White</p>	<p><i>“These questions are black and white which allows no room for individual issues. Everyone is an individual and should be treated according to their needs.”</i></p> <p><i>“I am ashamed to live somewhere where the Mayor and the local council don't seem to care about individuals”</i></p>
<p>Priority should be based on need</p>	<p><i>“people on Band E appear to have no housing need, but I disagree as the property you are renting might be of poor condition and not maintained.”</i></p> <p><i>“I'm on a low income and paying a private landlord, I'm also in band "E" so where does that leave the hundreds of people in the same situation as mine.”</i></p> <p><i>“I don't think medical history is given enough consideration.”</i></p>
<p>Priority should be for locals</p>	<p><i>“...giving priority to local people with a true need...”</i></p> <p><i>“...people who have worked, lived and paid Council Tax etc in this area since they were born should also be given priority.”</i></p> <p><i>“Do more rigorous checks to make sure that only tenants who are fully entitled to rent them, do so. If tenants are antisocial, or don't look after the property properly, boot them out.”</i></p>
<p>Good housing would improve health</p>	<p><i>“The average house price is 12 times average income in the south west. This makes home ownership unaffordable for the majority of people in the Bay. Some of the private rented sector is highly priced and of very poor quality. Access to decent affordable housing is the bedrock to improving peoples health and well-being.”</i></p> <p><i>“...with two of us here in the home registered as disabled and receiving highest rate disability allowance I am classed as having no housing needs.”</i></p>
<p>Changes should be rethought</p>	<p><i>Torbay appear to be proposing changes that have not been fully thought through. The evidence provided with this consultation does not prove the case being argued or show how the changes will achieve the required outcome. Westward understands that the Council wants to make changes that will give additional priority to their residents but in doing so there is a real danger the Council will create confusion, increase costs, reduce customer service and raise expectations that are then not deliverable. Most importantly the Council seems to have forgotten that it doesn't own any social housing anymore and therefore needs to agree with all the Housing Associations working in Torbay a mutually agreeable way forward, rather than to change its policy in isolation.</i></p>

6. Respondent Profile

What best describes your work situation?

Employment Situation	Respondents	
	Number	Percent
Working Full-Time (30 hours plus per week)	16	33.3%
Working Part-Time (Under 30 hours per week)	5	10.4%
Wholly retired from work	6	12.5%
Unemployed and available for work	1	2.1%
Permanently sick / disabled	13	27.1%
On a government supported training programme (e.g. Modern Apprenticeship)	0	0.0%
Self employed full or part time	0	0.0%
Full time education at school, college or university	1	2.1%
Looking after the home	0	0.0%
Other	5	10.4%
Total	47	97.9%

Gender

Gender	Respondents	
	Number	Percent
Male	20	41.6%
Female	27	56.3%
Not given	1	2.1%
Total	48	100%

Age

Age Band	Respondents	
	Number	Percent
Under 16	0	0.0%
16 - 24	0	0.0%
25 - 34	6	12.5%
35 - 44	11	22.9%
45 - 54	10	20.8%
55 - 64	14	29.2%
65 - 74	6	12.5%
75 +	0	0.0%
Total	47	97.9%

Disability

Disability	Respondents	
	Number	Percent
Disabled	20	41.6%
Non-disabled	27	56.3%
No response	1	2.1%
Total	48	100.0%

For further information please contact the Policy Performance and Review team on 01803 207227 or email consultation@torbay.gov.uk

The information used to collate this report has been collected and processed in accordance with the Data Protection Act, 1998.

Equality Impact Assessment (EIA): Review of Allocations Policy

Name (Key Officer/Author):	Julie Sharland	Business Unit:	Housing/ Children's Services
Position:	Strategic Housing Manager	Tel:	01803 208065
Date:	9 th December 2013	Email:	Julie.sharland@torbay.gov.uk

Since the Equality Act 2010 came into force the council has continued to be committed to ensuring we provide services that meet the diverse needs of our community as well as ensure we are an organisation that is sensitive to the needs of individuals within our workforce. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of proposed decisions on the community.

This EIA will evidence that you have fully considered the impact of your proposal / strategy and carried out appropriate consultation with key stakeholders. The EIA will allow Councillors and Senior Officers to make informed decisions as part of the council's decision-making process.

Executive Lead / Head Sign off:

Executive Lead(s)	Councillor David Thomas	Executive Head:	Richard Williams
Date:	6th February 2014	Date:	6th February 2014

Relevance Test – ‘A Proportionate Approach’

Not all of the proposals or strategies we put forward will be ‘relevant’ in terms of the actual or potential impact on the community in relation to equality and vulnerable groups. For instance, a report on changing a supplier of copier paper may not require an EIA to be completed whereas a report outlining a proposal for a new community swimming pool or a report proposing a closure of a service would.

Therefore before completing the EIA please answer the following questions. If you answer ‘yes’ to any of the questions below you must complete a full EIA.

1)	Does this report relate to a key decision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2)	Will the decision have an impact (i.e. a positive or negative effect/change) on any of the following: <ul style="list-style-type: none"> • The Community (including specific impacts upon the vulnerable or equality groups) • Our Partners • The Council (including our structure, ‘knock-on’ effects for other business units, our reputation, finances, legal obligations or service provision) 	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 1: Purpose of the proposal/strategy/decision

No	Question	Details
1.	Clearly set out the proposal and what is the intended outcome?	<p>Torbay Council is required to review the Allocations Policy on an annual basis. (How access and priority for social housing is applied) It is a statutory duty to maintain a housing register and allocations policy.</p> <p>The Localism Act 2011 introduced changes in relation to both homelessness and allocations, which mean local authorities are no longer required to keep an open housing register, but, are able to restrict access to their register for social housing. In Torbay we have an average of only 350 – 370 homes available for re-let per year. At least a third of these are Sheltered homes for those aged 55 and over.</p> <p>We are seeing an increasing demand in the use of emergency/temporary accommodation and high cost adult and children’s social care intervention services provided by the authority. This combined with the need to achieve significant budget savings, has led the Mayor, Executive Lead and members to request a further review to ensure that we are providing the best opportunities for local residents and making the most appropriate use of our social housing stock. Our approach should reflect local circumstances that are understood by local people.</p>
2.	Who is intended to benefit / who will be affected?	<p>Local people who have lived in Torbay for at least 5 years will benefit from the proposals. In addition those who have a strong association to the area through family or employment will benefit.</p> <p>Local working people on a low income will be given additional priority, particularly in areas of high density social housing and new developments.</p> <p>Households on the current housing register that have, been assessed as having no housing need, (Band E) or either not bid in the last 12 months and refused 3 reasonable offers of a property will be removed from the register .</p> <p>It is important to work in partnership with our Registered providers to minimise the impacts of turnover and voids within stock as a result of local and national policy changes.</p>

Section 2: Equalities, consultation and engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

The **equalities, consultation and engagement** section ensures that, as a council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions / proposals on the Torbay community.

Evidence, consultation and engagement

No	Question	Details
3.	Have you considered the available evidence?	Yes, Housing Register information which provides information on demand needs of different groups, deprivation and child poverty needs assessments and child poverty commission recommendations, homeless strategy needs and priorities. Satisfaction surveys conducted on a regular basis for Devon Home Choice.
4.	Have you consulted on the proposal?	Yes - Formal consultation for 6 weeks with the public and partners. Survey and letter, partnership groups. Specific consultation with those on the housing register likely to be affected.
5.	Outline the key findings	<p>Six week consultation by online survey took place 9th Dec to 17th Jan. All of those Households most affected by the proposals (Band E) were contacted by letter, together with 10% random selection across other Bands. In total 1800 letters were sent, the total number of completed questionnaires both online and paper is 48. The survey information was made publically available and partner organisations were contacted. The information / survey details were also circulated via the Torbay Housing Partnership group.</p> <ul style="list-style-type: none"> • 52% all respondents answered “No” to the proposal to apply a minimum 5-year residency requirement. • Almost a third (29.2%) answered “No” to proposal 2 (the removal of those who had not bid on any properties for a year) • and nearly a quarter (22.9%) answered “No” to proposal 3 (the removal of those who had refused three reasonable offers of a home);

No	Question	Details
		<ul style="list-style-type: none"> Two thirds of all respondents (67%) answered “No” to proposal 4 to removal from the list of all persons/households now in Band E), (52.1% and 66.7% respectively); Those saying “No” were just slightly over a fifth (20.8%) giving greater priority on the list to low income households, <p>Please refer to consultation report for full details</p>
6.	<p>What amendments may be required as a result of the consultation?</p>	<p><i>In addition to the 5 year residency test proposed other qualification criteria will apply to ensure that applicants who are not currently resident in the district/ area but who can still demonstrate a strong association to the local area will be able to qualify (e.g. through family association or employment).</i></p> <p><i>This is defined as;</i></p> <p>Need to work in Devon. The Local Government Association guidelines define this as employment other than of a casual nature. For the purposes of this policy this will be defined as having had permanent work with a minimum of a 16 hour contract per week for the previous 6 months, and without a break in the period of employment for more than three months.</p> <p>Have family connections in Devon. The Local Government Association guidelines define this as immediate family members (parents, siblings and nondependent children) who have themselves lived in the area for five years.</p> <p>To ensure we maintain the protection provided by the statutory reasonable preference criteria and the statutory guidance Exceptions to the 5 year residency test will be;</p> <ul style="list-style-type: none"> Existing Social housing tenants, in Devon. (to promote downsizing) Members of the Armed Forces and former Service personnel, where the application is made within five years of discharge Bereaved spouses and civil partners of members of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner Serving or former members of the Reserve Forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service People who are assessed as being within the reasonable preference categories – Bands A , B , Emergency and High Housing Need, as per the DHC Policy. (This includes those fleeing violence and Statutorily Homeless) Applicants requiring Sheltered Housing (represents 1/3 rd of all annual lets)

No	Question	Details
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Positive and negative equality impacts

No	Question	Details	
7.	<p>Identify the potential positive and negative impacts on specific groups</p> <p>Older or younger people</p>	<p>Positive Impact</p> <p>Yes While social housing build has slowed additional units of extra are housing for older people will be developed over the next three years going some way towards meeting the care and support needs of frail older people.</p>	<p>Negative Impact & Mitigating Actions</p> <p>The Council acknowledges that landlords will continue to offer a range of tenancy types for different circumstances. However, the Council's tenancy strategy strongly encourages landlords to offer flexible tenancies where this will help to make best use of the stock. In addition, when deciding on which tenancy type to offer, landlords should consider: The age and frailty of the prospective tenant.</p> <p>The existing policy applies the Government bedroom standard for assessing bedroom need. This will mean that:</p> <ul style="list-style-type: none"> • Children can share a bedroom up until 10 regardless of sex • Same sex children can share a bedroom up to 20 • People require their own room when they are 21

Details		
No	Question	Details
People with caring Responsibilities	Existing policy and tenancy strategy, ensure that appropriate priority is given to support carers	Foster carers are allocated an extra bedroom when appropriate to met the Fostering requirements
People with a disability	<p>Yes</p> <p>Whilst offering choice to applicants wherever possible, allocation schemes must still ensure that reasonable preference is given to applicants who fall into these groups over those who do not: People who need to move on medical or welfare grounds including a disability.</p>	<ul style="list-style-type: none"> - Accessible homes will continue to be advertised through Devon Home Choice and will only be let using direct match in exceptional circumstances. - An applicant's accessibility need will be included in both the initial registration and the renewal letter, with a request that applicants make contact if they feel this is wrong. - Supporting information will be required before any applicant is assessed as being in need of wheelchair accessible or part wheelchair accessible accommodation. - All landlords maintain an up-to-date record of accessible/ adapted properties (and those that are adaptable), and report back to the Management Board on progress with this. Where an up-to-date database isn't available landlords will undertake a pre-void inspection before properties are advertised. - The property advert includes details(e.g. to clarify the bathing facilities, whether there is a stair lift etc) - At the point where a local authority

No	Question	Details	
			sets an advert as 'Ready to advertise' they can indicate whether they would like to be consulted before an accessible/ adapted property is let. Please note that it was agreed that this is only a request to be consulted and that short listing remains the responsibility of the landlord.
	<p>Women or men</p> <p>Yes</p> <p>The existing Devon Home Choice scheme/ policy provides additional preference to the following categories of people who fall within one or more of the reasonable preference categories and who have urgent housing needs:</p> <ul style="list-style-type: none"> (a) former members of the Armed Forces (b) serving members of the Armed Forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service (c) bereaved spouses and civil partners of members of the Armed Forces leaving Services Family Accommodation following the death of their spouse or partner 		

Question		Details	
	<p>(d) Serving or former members of the Reserve Forces who need to move because of a serious injury, medical condition or disability sustained as a result of their service</p>		
	<p>People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p>	<p>Behaviour is unacceptable if it is behaviour that would, if the applicant had been a secure tenant, allow the housing authority to obtain an outright possession order under section 84 of the Housing Act 1985 in relation to Grounds in Part 1 of Schedule 2 other than Ground 8.</p> <p>Cases will be considered on an individual basis. The following criteria will be applied in determining whether an individual or household should be denied the right to register with Devon Home Choice, because of their behaviour: There must be reliable evidence of violent or anti-social behaviour, domestic, racist or homophobic abuse</p>	<p>The Localism Act does not change the fact however that certain people from abroad with limited rights to remain in the United Kingdom are not eligible to be allocated social housing. These groups of people are set out in 'The Allocation of Housing and Homelessness (Eligibility) (England) Regulations 2006' (as amended).</p>
	<p>Religion or belief (including lack of belief)</p>		
	<p>People who are lesbian, gay or bisexual</p>		<p>The following criteria will be applied in determining whether an individual</p>

Details	
No	Question
	<p>or household should be denied the right to register with Devon Home Choice, because of their behaviour. There must be reliable evidence of violent or anti-social behaviour, domestic, racist or homophobic abuse</p>
	<p>People who are transgendered</p>
	<p>People who are in a marriage or civil partnership</p>
	<p>Women who are pregnant / on maternity leave</p>
	<p>Socio-economic impacts (Including impact on child poverty issues and deprivation)</p>
	<p>Public Health impacts (How will your proposal impact on the general health of the population of Torbay)</p>
8.	<p>Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)</p>

Details	
No	Question
	whether the existing scheme can accommodate the local changes in policy. This could result in a cost to the Council in relation to providing a suitable IT data base to hold the Housing Register information for Torbay only. Exact costs/ contingency arrangements are not known at this stage of the consultation
8b	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)
	Are any cumulative impacts identified across your service area from proposals in other public services or partner organisations? Please explain what these might be (you may need to revisit this section once proposals have been further defined) As above

Section 3: Mitigating action

Details			
No	Action	Proposal	Implications/ impacts
9.	Summarise any negative impacts and how these will be managed?	<p>Removing Band E from the Register</p> <p>Removing applicants who have not bid for 12 months, or turned down three reasonable offers. This will be applied as of 1st April 2014.</p> <p>A 5 year residency test will be applied as part of the</p>	<p>Only those with an established housing need in terms of the policy would be able to register for social housing. There were 1,519 households on the register as of 1 October 2013 with no housing need.</p> <p>For some assessed housing need a suitable property may not be available within a 12 month period. It is common practice for people purchasing homes to view multiple homes without penalty, so why should applicants be treated any differently.</p> <p>The Torbay register is no longer an open register,</p>
			<p>Mitigation</p> <p>All applicants to be contacted and offered advice and assistance on other housing options including registering with South West homes /private rented accommodation/shared equity.</p> <p>Any applicant has the right to a review of the decision to remove them from the register. This gives a realistic message about the limited choice, available within the Social housing stock in Torbay.</p> <p>The additional qualifying criteria and exceptions</p>

			qualification criteria	and people who do not meet the new qualifying criteria will be restricted from joining the Register	proposed will enable a range of people to register to meet the types of lets available. It will also ensure that the LA is able to support movement within the stock and keep to a minimum the use of Temporary Accommodation.	
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Section 4: Monitoring

No	Action	Details
10.	Outline plans to monitor the actual impact of your proposals	A new recommendation is the implementation of a Annual Lettings Plan that will monitor location of lets, types and length of tenancies and transfers. This will enable lettings plans for new developments and identified specific areas to achieve a different distribution of properties across priority bands, ensuring an appropriate movement of households across the housing stock and a sustainable mix of household incomes.

Section 5: Recommended course of action

No	Action	Outcome	Tick ✓	Reasons/justification for recommended action
11.	<p>State a recommended course of action Clearly identify an option and justify reasons for this decision. The following four outcomes are possible from an assessment (and more than one may apply to a single proposal). Please select from the 4 outcomes and justify the reasons for your decision</p>	<p>Outcome 1: No major change required - EIA has not identified any potential for adverse impact in relation to equalities and all opportunities to promote equality have been taken</p> <p>Outcome 2: Adjustments to remove barriers – Action to remove the barriers identified in relation to equalities have been taken or actions identified to better promote equality</p> <p>Outcome 3: Continue with proposal - Despite having identified some potential for adverse impact / missed opportunities in relation to equalities or to promote equality. Full justification required, especially in relation to equalities, in line with the duty to have 'due regard'.</p> <p>Outcome 4: Stop and rethink – EIA has identified actual or potential unlawful discrimination in relation to equalities or adverse impact has been identified</p>	<p>✓</p> <p>✓</p>	<p>Please refer to table above no 9</p>

Agenda Item 6



Meeting: Overview and Scrutiny Board

Date: 19 February 2014

Council

27 February 2014

Wards Affected: All

Report Title: Strategic Agreement Between Torbay and Southern Health and Care NHS Trust and Torbay Council

Executive Lead Contact Details: Christine Scouler, Executive Lead for Adult Social Care and Older People, (01803) 553236, Christine.scouler@torbay.gov.uk

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1. Purpose

- 1.1 This is the Annual Agreement between Torbay Council who commissions services for Adult Care from the NHS and the Torbay & Southern Devon Health and Care NHS Trust. It sets out within the budget target the performance for Adult Care in the forthcoming financial year. It also refers to the broader context in which the agreement is framed and sets out roles and responsibilities for the forthcoming year. The Council is trying to achieve continuing good service in Adult Care for local citizens within the context of tight financial constraints, and preserving the principle of integrated health and social care at the frontline.

2. Proposed Decision

- 2.1 That the Strategic Agreement between Torbay and Southern Health and Care NHS Trust and Torbay Council set out at Appendix 1 to the submitted report be approved.

3. Reasons for Decision

- 3.1 The agreement sets out the strategic direction which is designed to maximise choice and independence for those requiring adult social care and support. At a national level the funding arrangements for adult social care are under review. The Dilnot report has been published and we are working to implement changes for April 2016. The financial arrangements are based on what is known at present and the requirements of The Better Care Fund (BCF)
- 3.2 The agreement is in the context of the NHS White Paper and the NHS Policy of transforming community services. This agreement is set in the context of a number of continuous changes as part of the agenda of public sector reform. The Clinical Commissioning Group has authority for commissioning NHS services for Torbay and South Devon and we are working closely with them. In the new financial year

we expected to see the Torbay and Southern Health and Care NHS Trust be acquired by another foundation trust.

The Council continues to work within this context based on our commitment to an integrated model of health and care as the best way of supporting individuals and local communities.

- 3.3 The agreement is structured on the four domains outlined in the revised adult social care outcomes framework which is a national framework. The majority of performance indicators associated with each domain will be measured monthly although several rely on annual or bi-annual surveys and they will be reported as national results become available.

4. **Summary**

- 4.1 The ASA outlines performance outcomes within the budget envelope provided by the Council and outlines elements of the work plan being undertaken by the Trust on our behalf in the next financial year as well as specifying roles and responsibilities.

Supporting Information

5. **Position**

This agreement has been considered through the budget consultation process and the budget process for adult social care has included equality impact assessments for any proposed changes.

6. **Possibilities and Options**

- 6.1 This is an annual agreement which is required in order to manage our commissioning of adult social care.

7. **Preferred Solution/Option**

- 7.1 The alternative is not to have an agreement which would lead to a lack of clarity in outcomes for adults social care over the next financial year and lack of clarity in governance of roles and responsibilities.

8. **Consultation**

This agreement has been part of the budget consultation process however specific changes for groups of users or individuals will include detailed engagement and consultation as part of any proposed change. The ASA has been considered by Overview and Scrutiny and the agreement has been amended in accordance with their recommendations.

9. **Risks**

9.1 **Outline of significant key risks**

The agreement sets out performance within the tight financial constraints of the public sector and includes an ambitious programme of transforming services within adult social care in the forthcoming year in order to meet good outcomes for local people within available finance.

9.2 Ordinary residence

Movement of ordinary residence can create in year pressures and this will be monitored closely through social care programme board

9.3 The scale of savings required

Savings plans targets are significant and over a two year period will require radical changes in the range of services available, the level of care that can be provide and the way services are delivered.

9.4 Risk of capacity to deliver changes

The requirements of this commissioning agreement are the further changes and savings to back office and assessment processes. Capacity in zone teams may impact on the pace of delivery. This is mitigated through assurance from the trust that operational services at the front end can be delivered in a different way.

9.5 Community concern

Concern may be raised in response to implementation of the programmes of work outlined in this agreement which may affect the pace of delivery. This is mitigated through the close involvement of, and engagement with, individuals and communities.

9.6 Care home fees

Care home fees have been set within a new banding structure for residential care set last year. This is mitigated through a consultation process with providers. The process may be open to challenge.

9.7 Acquisition process

The Trust is expected to be acquired by another NHS Foundation Trust in September 2014 and this could result in distraction from delivery of this agreement. This is mitigated through close working between senior officers and the NHS; the Mayor and Councillors; NHS chairs and board members.

Risk rating is included as an appendix to the ASA

Appendices

- Appendix 1 Strategic Agreement between Torbay and Southern Health and Care NHS Trust and Torbay Council – Policy Framework
- Appendix 2 Annex A to the ASA (Budget Proposals 2014/15 and 2015/16: Adult Social Care)
- Appendix 3 Annex B to the ASA (Key Performance Indicators)
- Appendix 4 Annex C to the ASA (Risk Matrix)
- Appendix 5 Annex D to the ASA (2014/15 ASC Outcomes Framework)



Annual Strategic Agreement
between
Torbay Council and Torbay and Southern Devon Health and Care NHS Trust
for the delivery of Adult Social Care
April 2014 to March 2015

FINAL DRAFT FOR APPROVAL

Contents

- 1. Purpose and Overview**
- 2. Workforce**
- 3. Performance Outcomes**
- 4. Spending Decisions and Key Decisions**
- 5. Revenue Budget 2014-16**
- 6. Client Charges – Rates 2014-16**
- 7. Roles and Responsibilities**

Annex A – Budget Proposals 2014-15 Adult Social Care Outcomes Framework

Annex B – Key Performance Indicators

Annex C – Risk Matrix

Annex D – 2014-15 ASC Outcomes Framework

1. Purpose and Scope of this agreement

This agreement sets out the way in which Torbay Council and Torbay and Southern Devon Health and Care NHS Trust (the Trust) will work in partnership during the next period to deliver the provision of adult social care services.

The Trust was formally constituted on the 1st of April 2012 when NHS commissioning responsibilities previously held by Torbay Care Trust transferred to the newly formed South Devon and Torbay Clinical Commissioning Group (CCG). At the same time the DASS role returned to the Council. The impact of these changes, on relationships between the Council and the Trust, has become clearer during 2011/14 and new relationships have begun to develop between the Council and the CCG. These relationships are reflected in this Agreement in as far as they impact on arrangements between the Council and the Trust. However any agreements and arrangements which are necessary between the Council and the CCG will be negotiated and described in other places.

The respective roles and responsibilities of the Council and the Trust have changed significantly and will continue to change. Both organisations are committed to working in partnership with NHS Commissioners, other providers and the third sector to develop the model of integrated care for which Torbay is renowned. It is expected that the Trust will be part of an Integrated Care Organisation (ICO) during the coming financial year and the acquiring organisation of the Trust has been consulted on this agreement.

Where specific service specifications are required to ensure clarity and accountability for specific functions, or to ensure successful and timely delivery of the work outlined, these will be developed separately.

The range and level of adult social care services provided and co-ordinated by the Trust, on behalf of the Council under this agreement are indicated in the following table. The figures for the number of service users are based on the mid-year position at 30th September 2013 and will fluctuate according to demand for services at any point in time. The number of service users is also likely to reduce over the period of this agreement as the service changes set out below begin to impact. The associated budget allocations are set out in detail in Section 5 and Annex A.

Service Type	Number of Service Users
Residential and Nursing Home Care	635
Community services costing over £606 per week	172
Community services costing between £371 and £605 per week	105
Community services costing between £71 and £370 per week	767
Community services costing under £70 per week	347
Sub Total	2,026

In addition there are a number of people who have the resources to fully fund the cost of their care but require support to arrange and manage the care they need. This comprises:

- People living in care homes 133
- People living in their own homes 114

Sub Total	247
Total	2,273

1.1 Overall context and strategy

National agenda

In April 2013 major reforms come into effect through the implementation of the Health and Social Care Act 2012. The Act strengthens previous commitment to an integrated approach across organisations and health and social care boundaries including a requirement of continuity during transition between children's and adult services.

Public Health England has been created and public health commissioning responsibilities has moved to local government, and responsibility for the commissioning of health services has moved to local Clinical Commissioning Groups (CCG) and the NHS Commissioning Board. Patients will be able to choose from a range of services provided by the independent and voluntary sector. Local authorities will be required to provide information, advice and prevention services and shape the market for care and support services. Health and Wellbeing Boards are setting and monitoring local priorities for the health and wellbeing of the population.

The care agenda has been the focus of concerns about safety and quality and the national question of how we pay for care in an increasing older population with more complex care needs has been partly answered by Dilnot reforms. This will require a focused set of changes locally to comply with the new expectations and requirements of a changed form of means testing for care.

Locally

The joint commissioning and delivery of services underpins the direction of travel which the Council and NHS set out in the formation of Torbay Care Trust.

The local context is shaped by the expectation of an Integrated Care Organisation (ICO) as well as the success in November of being a national 'pioneer' for further integration and innovation.

Torbay Council and the Trust and other providers will continue to pursue a strategic direction designed to maximise choice and independence for those requiring adult social care and support. As far as possible, within Fair Access to Care criteria (FACS) and the constraints of resources, the Trust will seek to promote active and healthy lifestyles.

1.2 Financial context

Funding arrangements for Adult Social Care (ASC) are under great pressure and although there has been welcome reform through Dilnot it does not ease the pressure councils are under to provide safe and quality services within less resource.

Torbay Council, in line with the comprehensive spending review (2011-2015), is required to make substantial budget reductions. The Trust and local CCG acknowledge the tight financial constraints over the period and will continue to deliver the best possible care and support within these constraints and in consultation with the Council through the DASS, making any changes to service delivery with appropriate service user consultation.

1.3 Health and Wellbeing Board

The vision of Torbay's Health and Wellbeing Board is for a Healthier Torbay: Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life. The Board has identified three outcomes to be delivered to achieve this vision:

- Children have the best start in life
- A healthy life with a reduced gap in life expectancy
- Improved mental health and wellbeing

There are a number of priorities under each outcome. The Board will challenge commissioners and providers of services in Torbay about how well they are working together to meet these priorities and will be looking for information about the actions which are needed to improve the health and wellbeing of everyone in Torbay.

1.4 Quality

National: CQC (Care Quality Commission)

The Commission will drive improvement in quality and safety of care checking through working with Healthwatch and regular unannounced inspections that organisations meet national standards. NICE takes responsibility for developing standards for excellence in social care from April 2013. Torbay Council and the Trust will co-operate with and be guided by both organisations, in commissioning and delivery of social care. CQC strategic priorities:

- Make greater use of information to achieve the greatest impact
- Strengthen how we work with strategic partners
- Continue to build stronger relationships with the public
- Build our relationship with organisations providing care
- Strengthen the delivery of our unique responsibilities on mental health and mental capacity
- Continue our drive to become a high performing organisation

Local: Torbay and Southern Devon Health and Care NHS Trust

The Trust will provide quality assurance of both its own business activity and that of the services it commissions on behalf of the community. A Quality Assurance Framework has been developed and is in use. The framework includes the following elements:

- A Care Home Self-Assessment and Management Tool known as; Quality Effectiveness Safety Trigger Tool (QUESTT) to be completed by the home electronically on a monthly basis, with direct access to a Trust database to complete this
- A Business and Finance Audit Tool to be completed on an annual or bi annual basis - this will replace the current documentation

- An Observational Checklist to be completed by visiting Trust staff
- A model, still in development, to gauge client feedback

1.5 Safeguarding

The Trust will continue to deliver safeguarding on behalf of Torbay Council. Accountability for the safeguarding function will sit with the Safeguarding Adults Board (SAB). Regular performance analysis will be reported to the SAB and the Council will ensure high level representation on the Board by the DASS and Executive Lead for Adult Social Care.

The Safeguarding Adult function and process will be the subject of a Peer Review (ADASS and LGA) in June 2014. The focus of this will be on governance and accountability in a changing organisational environment and on keeping people safe in their own homes. The Trust and Council will work together closely to address any issues raised in the feedback from the Review.

The Trust and Torbay Council have worked together with the CCG to implement an action plan based on the recommendations from the inquiry into Winterbourne View. Work will continue on this plan to ensure that future milestones are met for returning individuals to their home area (when safe) and to review our contracts with providers to ensure that they reflect and are monitored on the principles and requirements of Safeguarding Adult policy and best practice.

An option to base the Single Point of Access Team with the Police alongside Childrens' Safeguarding is being actively explored in order to improve and develop multi-agency working. There are opportunities in developing a whole family approach, particularly around Domestic Abuse and ensuring our responsibilities under PREVENT are met.

There will be a continued focus on ensuring that all staff have the appropriate level of training for their role, as set out in the Torbay Safeguarding Adults Multi-Agency Training Policy, with the target of 100% achievement.

1.6 Service Development Activity

The service development activity to be undertaken by the Trust in the period 2014/15 and 2015/16 will be framed by national and local policy drivers including:

Preparation for the enactment of the Care Bill and Dilnot reforms: Although the implementation date is 2016 the Council, Trust and CCG will work closely together to ensure that all policy and service developments in the interim period are 'Dilnot' compliant and build towards a future which will address and capitalise on those reforms.

Locally the formation of the ICO and developments within the Pioneer project will drive a range of service developments which will need to both shape and be shaped by the requirements of this ASA.

More immediately, but still within the context of the above longer term developments, the level of financial reductions the Trust has been asked to plan for in the period 2014/15 and 2015/16 will require a sea change in the level of services and how those services are

provided. These changes will need to be fully endorsed by the Council, as the commissioning authority, and some may also require full public consultation.

Whilst many of the service development areas are interdependent in terms of delivering quality services within the resources available the key priorities in 2014/15 will be to:

- Review the Community Care Support needs of all people receiving care in their own home to ensure the consistent application of all current policy and eligibility criteria, including FACS, RAS and the Cost Choice and Risk Policies. Where appropriate this will include ensuring that any transport provided accords with the person's needs and any appropriate charging policies.
- Review the financial circumstances of everyone receiving a chargeable social care service to ensure that charging policies are being applied consistently and equitably.
- Ensure that where a Community Alarm is necessary to meet a person's assessed needs it is funded as part of their personal budget.
- Implement the final phase of the Occombe House development.
- Bring forward proposals for consultation in regard to the range and nature of services which can be provided in the future. These proposals will be developed through quarters 1 and 2 with consultation and implementation planning taking place in quarters 3 and 4.
- Bring forward proposals for service delivery which will ensure that assessment and care planning processes, and all back office functions, are managed in the most cost effective way. These proposals will be developed through quarters 1 and 2 with consultation and implementation planning taking place in quarters 3 and 4.

Additionally there is an assumption which is built into CIP plans that the number of people needing support in care homes will continue to fall. The number of people supported in care homes has fallen by an average of 4% over the period April 2007 to September 2012, the plans in this agreement are based on this trend continuing but at a rate of 6% per annum.

1.7 Commissioning Intentions and Associated Work plan Commissioning priorities 2014-15:

The Council and the CCG are working together to develop a joint approach to strategic commissioning for adult care services and will ensure it is aligned with NHS commissioning for health outcomes and public health outcomes. The intention is to work with the CCG to further integrate commissioning governance and support for health, adult social care, support, housing, public health and children linked to the Health and Wellbeing Board and the pioneer programme over the year. This will increase the potential to further streamline and make best use of resources across organisations to support the commissioning function.

To ensure the effective and efficient delivery of services it is vital that colleagues in commissioning and provider functions work closely together to share intelligence in regard to demand, build capacity and resilience in the market place, ensure that quality is monitored and that provider capability is matched to the needs of service users. This work will be pursued in line with the principles of the Pioneer project and the establishment of the ICO will be an enabler in this process.

Whilst the Council and CCG will work together to deliver strategic or macro commissioning priorities the Trust will continue to deliver a range of micro commissioning responsibilities including:

- The assessment of need and commissioning of care packages to meet assessed needs on an individual basis.
- Active monitoring and pooling of intelligence in regard to the quality of services provided by all providers of adult social care services in Torbay.
- Working in partnership with providers to promote self-assessment and self-monitoring against an agreed quality matrix (known as the QUESTT tool).
- Instigating safeguarding processes where these are necessary and escalating circumstances where providers are not complying with agreed improvement plans to commissioners for decision in regard to contract enforcement and if necessary contract cessation.
- Developing and implementing a plan for work with carers that is in line with the Care Bill.

The Council and CCG are working together to develop a market position statement for adult social care, which is in line with the commissioning intentions of both the Council and the CCG. The resulting service developments will be implemented by working in conjunction with providers with the objective of securing more cost effective system wide solutions, which take account of the resources available. A work programme to underpin the delivery of these changes will be agreed between the Council, the CCG and the Trust and monitored through the governance arrangements for this Agreement.

1.8 Consultation, Engagement and Involvement Process

As the Accountable Authority the Council will lead consultation processes where the need for change is being driven by the needs and requirements of the Council. The Trust is committed to supporting the consultation and engagement processes the Council undertakes in relation to service changes recognising the Council's statutory duty and good practice.

As a provider the Trust will engage all stakeholders in service redesign and quality assurance including, playing an active role with Torbay Council Health Overview and Scrutiny Committee.

Where service changes will result in variation in the level or type of service received by individual service users, the Trust will comply with statutory guidance on the review/reassessment of care needs and ensure that those service users affected are given appropriate notice of any changes.

The Council and the Trust will continue to support the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design.

The Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service changes are driven by the necessities of the current financial environment or the need to ensure the continual evolution and development of services.

1.9 Mental Health

The Council has statutory responsibilities for providing services to people with mental health problems under the Mental Health Act 1983 and NHS and Community Care Act 1990 which are delegated to the Trust. These include:

- Approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP)
- Aftercare under section 117
- Guardianship under section 7
- Care management services

The Trust delegates many of these responsibilities to Devon Partnership NHS Trust, along with the budget. During 2012/13, a number of issues have been identified around the sustainability and robustness of some of these arrangements. A visit from CQC and the Mental Health Act Commission in March 2013 focused attention on to this area and reinforced the need to address the issues. These stem from historical complexities around employing organisation, contracts of employment, recruitment and training and volume of referrals and capacity. There are also issues around the commissioning of mental health services and the impact that changes have on staff roles (e.g., reduction in inpatient services).

Whilst progress is being made on some issues, others remain outstanding and present a block to further development and improvement.

Over the next year, the following matters will be addressed:

- Clarification regarding input of a social care perspective into CCG commissioning processes around mental health services.
- Workforce issues: resolution of employment related issues; training and succession planning; review of roles and responsibilities of social care staff assigned to DPT to ensure best use of resources across Torbay.

2. Workforce

Current Position and issues for 14/15

The provision of an integrated health and social care service through local multidisciplinary teams has proved to be an effective model for delivery, able to respond to customer needs swiftly and able to facilitate rehabilitation and avoidance of residential and hospital admissions.

However, the existing model relies on a level of staff resources which may not be sustainable in future. During 2013/14 a significant number of front line posts were removed, the distribution of reductions being made on the basis of analysis of available workload information.

As there is evidence that the number of complex and high risk referrals are increasing, some redesign of the service is required to ensure the Trust is able to continue to deliver its delegated statutory responsibilities whilst retaining the benefits of the model for integrated delivery. As it is clear that resources are now stretched to capacity, plans need to be in place to ensure that our workforce is deployed in the right places in the system to ensure optimum performance in terms of meeting customer needs in accordance with policy and practice guidance. It is clear that the system for linking individuals in the community into the right sort of social care support needs to be widened, with more engagement of local communities and local provision, and less emphasis on the statutory services

Other issues which may impact on the workforce during 14/15 and 15/16 include:

- **Impact of new legislation on workforce.** During 2014/15, the Council and Trust are working together to explore the likely impact of the Care and Support Bill (including Dilnot) in terms of finance and workforce. Early scoping makes it clear that the changes to carers' entitlements and residential and domiciliary care funding arrangements are likely to increase the volume of referrals for assessment and need for back office support.
- **Impact of Zero Based Reporting.** A Steering Group is in place to identify the systems changes needed for social care reporting. This will require input from front line staff in design and time for essential training in changes required.
- **Telephone assessments and reviews.** Alternatives to traditional methods are being developed to improve efficiency of service. Changes to some roles may result, with training required for all.
- **Eligibility Criteria.** National criteria are under revision which is likely to result in the need to adjust local policy and practice guidance. Meanwhile, the Trust will re-launch current guidance to ensure that it is being followed robustly in all parts of the system.
- **Outcomes-based Commissioning.** Whilst personalisation has been embedded in practice to some extent, there is a need to revise and streamline the current processes to progress this and to develop an interface with our Prime Providers. New payment systems and documentation will be needed. It is planned that Trust staff will complete the assessment and an Outcome-based Support Plan for each individual, which will be passed to the Prime Provider to fulfil in a sustainable way after discussion with the individual and their family. This new approach will impact directly on some roles and will have significant training implications for all.

Optimising use of workforce and skills to meet changing environment in social care

- **Work analysis.** Detailed information about the work undertaken by the social care workforce is being undertaken in January 2014 in order to get a clear picture of type and complexity of work undertaken by different staff groups and the time taken to complete processes associated with care management, Safeguarding Adults and other direct customer work. The analysis will collect information on time attributed to training, supervision, meetings and other non-direct client activity. This information provide evidence on which to base any future workforce restructure, the current hypothesis being that the current 50:50 ratio of registered:non-registered social work staff may need adjusting in the light of complexity and risk.

- **Realignment** of the workforce as indicated from the information obtained in the analysis. This may involve changing the location and job descriptions of some staff, which may require consultation.
- **Mental Health.** A number of social workers are assigned to DPT in order to provide services delegated to the Trust under the NHS and Community Care Act (to people under 65) and Mental Health Act (all). There are a set of complex contractual arrangements in place which impede clear governance and accountability. These need urgent resolution in order to address a number of workforce issues.
- **Emergency Duty Service.** The delivery model for out of hours is not sustainable in the long term. A review will be undertaken to prepare options that would add resilience to the services whilst also providing a better fit with daytime adult and children's services. The future model will be agreed and implemented during 14/15.
- **An alternative model** to build information and support and promote local community networks will be developed.

Communication and Professional Development

- **Training events.** Following the success of conferences and workshops in 13/14, the Trust will continue to identify areas of professional development required to support qualified social work staff in maintaining CPT requirements for their HCPC registration. In order to maximise local expertise and keep costs down, social workers will be encouraged to have greater input to planning and delivering these.
- **Succession planning and recruitment.** The Trust will continue to support appropriate staff to obtain a social work qualification through the Open University by providing placements to support their academic studies. It will also continue to work with local Universities to provide placements for students.
- **A Social Care Focus Group** will be established to provide a voice for social work and to progress professional issues

3 Adult Social Care Performance Management

ASC Outcomes Framework (ASCOF) and Other Key Performance Measures

The Adult Social Care Outcomes Framework (ASCOF) is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. The framework was first published in March 2011 and since then has been kept under constant review to ensure a continued focus on measures that reflect the outcomes which matter most to users of adult social care services and carers.

The ASA includes all the performance indicators incorporated with the ASC Outcomes Framework as well as a number of other metrics that emphasise quality and the inter-dependency of health and social care services. For reporting purposes each indicator is placed within one of the 4 ASCOF Domains and an overview is given below (see Annex D for the ASC Outcomes Framework).

3.1 Domain 1: Enhancing quality of life for people with care and support needs

This reflects the personal outcomes which can be achieved for individuals through the services they receive. In particular it focuses on the services provided by adult social care and the effect they have on users and carers. It covers issues of personalisation, choice and control, independence and participation.

A new definition for indicator 1C is included for 2014/15, the proportion of people using social care who receive self-directed support, and those receiving direct payments. The change in definition will ensure that measure 1C better reflects the success of the council in delivering personalised care and support.

What success will look like:

- Individuals can live their lives to the full and maintain their independence by accessing and receiving high quality support when they need it
- Carers can balance their caring roles and maintain their desired quality of life
- Individuals can control and manage their own support so that they can design what, how and when support is delivered to match their needs
- Individuals can socialise as much as they wish to avoid being lonely or isolated.

3.2 Domain 2: Delaying and reducing the need for care and support

The purpose is to achieve better health and wellbeing by preventing needs from increasing where individuals have developed, or are at risk of developing, social care needs. It is aimed at early intervention to prevent or delay needs from arising, and supporting recovery, rehabilitation and reablement where a need is already established or after a particular event.

Many of the outcomes around prevention are achieved in partnership with other services. The measures reinforce partnership working and there is a strong focus on efficiency since one of the outcomes of prevention will be delaying or avoiding clinical intervention or inappropriate care placements. Social care has a key role in avoiding inappropriate care placements which impact negatively on recovery and can be more costly.

A new measure 2D the outcome of short-term services: sequel to service is included for 2014/15. This measure reflects the proportion of those people who received short-term services to maximise independence (often described as reablement or rehabilitation services) during the year, where no further request was made for ongoing support.

What success will look like:

- Everyone has the opportunity to enjoy the best health possible throughout their life and be able to manage their own health and care needs with support and information

- Earlier diagnosis and intervention will reduce dependency on intensive services
- When individuals are recovering from being ill, that recovery happens in the most appropriate place to enable individuals to regain their health, wellbeing and independence as quickly as possible.

3.3 Domain 3: Ensuring people have a positive experience of care and support

The quality of outcomes for individuals is directly influenced by the care and support they receive. A key element of this is how easy it is to find and contact services and how individuals are treated when they receive services. Specific quality data is difficult to come by for this domain but there will be data available from local surveys and complaints.

A new measure 3E Improving people’s experience of integrated care is included for 2014/15. This measure reflects the commitment to measure and understand people’s experience of integrated care.

What success will look like:

- Individual service users and their carers are satisfied with their experience of care and support services
- Carers feel they are respected as equal partners throughout the care process
- Individual services users and carers know what services are available to them, what they are entitled to, and who to contact when they need help
- Individuals who receive care and their carers feel that their dignity is respected and the support they receive is sensitive to their circumstances

3.4 Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

This domain covers the fundamentals of the social care system – keeping vulnerable people safe. Although there is a safety net within the registration and inspection system there is a wider aspiration of protecting from avoidable harm and caring for individuals in a safe and sensitive environment that respects their needs and choices. In terms of safety, other than numeric measurements, it is difficult to qualitatively or quantitatively measure events that have not happened. It is recognised more work will need to be done on considering measures for this domain. As with Children’s services, safeguarding is in issue for all partners.

What success will look like:

- Vulnerable individuals enjoy physical safety and feel secure
- Vulnerable individuals are free from physical and emotional abuse, harassment, neglect and self-harm
- Individuals are protected from avoidable death, disease and injuries

3.5 Monthly Performance Reporting

Many of the ASCOF indicators are derived from the annual ASC Survey or Carer's Survey. As such, performance is only reported once per year. The ability exists to benchmark the Council against other local authorities and a formal report is submitted to the Social Care Programme Board and the Adult's Policy Development Group meeting. Where possible, however, performance is measured on a monthly basis (see Annex B).

3.6 Transfer of Public Health to Local Authorities

Public Health transferred to local government in April 2013 and has been advised the grant will be ring fenced for 3 years.

3.7 Sector Led Improvement and Peer Review Process

In 2012-13 the south west region agreed to adopt a framework for co-operation between the 16 LAs and the SW ADASS branch in order to establish sector led improvement. The principles are based on those set out in "Taking the Lead" published by the Local Government Association (LGA).

Within the south west, the sector led improvement will be characterised by:

- Giving a strong focus to service users and carers, their feedback and the results from their care services
- Ensuring a focus on safeguarding
- Looking at the effective and efficient use of resources
- Setting the tone of the programme as one of promoting excellence, learning and continuous improvement and encouraging individual Councils to self-assure
- A commitment to openness and honesty between the Councils involved.

The main areas of activity for co-operation between the 16 LAs will be co-ordination, peer challenge, sharing information, sharing learning and the availability of early support. The Council's peer review on adult safeguarding takes place in February 2014.

3.8 Joint Strategic Needs Assessment (JSNA)

The Trust will work with the Council and the CCG to develop and use the JSNA as a key source of commissioning information for the Health and Wellbeing Board.

3.9 Benchmarking and Comparisons with other Authorities

The strategic direction of adult social care, as outlined in Section 1, is based on several benchmarking reports published during 2012 as well as NHS and Social Care national information databases.

- National Audit Office – Reducing Care Management and Assessment Costs

- Department of Health Use of Resources Annual Report
- Towards Excellence in Adult Social Care (TEASC) Benchmarking Report
- Institute of Public Care (IPC) Benchmarking Report

The first three given in the list above are national reports; the fourth was a report commissioned directly by Torbay Council. The Dr Foster NHS database and the Audit Commission Toolkit were also accessed to provide comparative information.

The high level summary of the findings are outlined below:

Finding	Comparison
ASC Survey - General Findings	<ul style="list-style-type: none"> • Overall quality of life for the over 65 population was 26th highest in the country; the 18 – 64 population quality of life was below average (133rd out of 149 local authorities) • High level of satisfaction for the services clients receive • Clients feel in control of their daily lives • A higher proportion of clients (57.7%) find accessing information and advice easy compared to the national average (55.8%). A small proportion of clients (0.6%) are highly dissatisfied with their care; national average is 1.1% • A slightly higher proportion of clients feel unsafe; 7.3 % against the national average of 6.6% and the Southwest average of 6.2% • 18.8% of clients view their health as “bad” or “very bad”; the national average is 19.3%, the Southwest average is 18.9%
Care Homes	<ul style="list-style-type: none"> • Care home placements decreased by 27% between April '07 and Nov'13 from 960 to 697 clients, i.e., 4 – 5 % p/a. • The proportion of nursing to residential home clients is low. The national average is a 29:71 ratio. The Torbay ratio is closer to 11:89. One factor in this is thought to be the direct input of community nursing and intermediate care teams is providing support within residential care homes.
Community Based Services	<ul style="list-style-type: none"> • 13% of clients within Torbay receive less than 2 hours of domiciliary care each week. This is in line with the national average of 10.4%. • 29.8% of clients receive in excess of 10 hours of domiciliary care each week. This is well below the national average of 43%. This is surprising when taking account of the reduced reliance on care home placements and points towards the effectiveness of intermediate care services within the Bay who support and work closely with complex

Finding	Comparison
	<p>clients.</p> <ul style="list-style-type: none"> A higher proportion of clients receive 2 – 5 hours of care; 29% against a national average of 20%. The IPC report highlighted the benefits of a Reablement Team that could focus on clients with lower level needs that may not automatically have access to the intermediate care teams who focus on more complex needs.
<p>Care Assessment and Management Costs</p>	<p>The following information is drawn from a one of benchmarking report:</p> <ul style="list-style-type: none"> Torbay’s unit cost for an assessment or review is in line with the national average according to the NAO Report produced in August ‘12 The Use of Resources report highlights Torbay as having high care assessment and management costs. Some of the additional costs are explained by: <ul style="list-style-type: none"> An inability to apportion care assessment and corporate costs against in-house services – 50% of LAs have the ability to do this Care home fees within the Bay are lower than the national average and so care management costs automatically form a larger proportion of the cost pool Reduced reliance on care home placements is likely to require additional frontline staff time, e.g. to manage increasing needs or crises, more complex reviews, etc.
<p>Acute Care Related</p>	<ul style="list-style-type: none"> 50% of clients die at “home” – the national average is below 44% Whole system performance has been good throughout the winter pressures period Average length of stay for people aged over 65 admitted as an emergency are the lowest in the south west Previous good performance in relation to admission and readmission rates has recently been challenged through publication of a revised data set, which makes comparisons difficult. Work is underway to understand the new data sets to resolve any emerging adverse trends.
<p>Housing related support</p>	<ul style="list-style-type: none"> 89.67% of vulnerable people achieved independent living from short term services against an annual target of 86% (2012/13). So far in 2013/14 the achievement has been 90.1% against a target of 86% (Qtr 1 and 2 of 2013/14)

3.10 Financial Risk Share and Efficiency:

The existing risk sharing agreement will continue until the new Integrated Care Organisation is formally established and the services currently provided by the Trust transfer into the new organisation. The expectation of the two Trusts, which will form the ICO, the Council and the CCG is that a revised risk shared arrangement will be instituted at the point that adult social care services transfer into the new organisation.

The planning assumption, which is still to be agreed between the parties, is that the revised risk share will involve a 50%/50% risk share between the ICO and Commissioners, with the CCG and Council then sharing the commissioning risk in proportion with the value of their contracts with the ICO.

However until revised arrangements are agreed the exiting position will apply and the Council will continue to assume responsibility for both in-house LD and independent sector commissioned social care expenditure, whilst the Trust assumes the risk for operational costs.

There are a number of risks to the Council and the Trust in delivery of the commissioning agreement. The known risks are set out in Annex C and include issues associated with:

- Ordinary residence
- Risk of capacity to deliver changes
- Care home fees
- Community concern
- Acquisition process

4. Spending Decisions and Key Decisions

4.1. This agreement reiterates section 22.3 of the Partnership Agreement, i.e., the Trust may not make decisions unilaterally if they meet the criteria of a 'key decision'.

4.2. Key decisions are made by Torbay Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement a key decision is defined as a decision in relation to the exercise of Council functions, which is likely to:

- result in incurring additional expenditure or making of savings which are more than £250,000
- result in an existing service being reduced by more than 10% or may cease altogether
- affect a service which is currently provided in-house which may be outsourced or vice versa
- and other criteria stated within schedule 8 of Partnership Agreement.

When agreeing what constitutes a key decision, consideration should be given to the level of public interest in the decision. The higher the level of interest the more appropriate it is that the decision should be considered to be key.

5. Social Care Budget 2014-15

The budget outlined below for 2014-15 is allocated to the Trust to meet the performance levels listed in Annex B along with any local adjustments to be agreed before 1st April 2014 between DASS and the Trust.

	2011-12	2012-13	2013-14	2014-15
<i>Base Budget</i>	39,089	40,035	40,339	38,273
<i>Central Govt Funding</i>	2,322	2,224	2,966	2,966
Sub Total	41,411	42,259	43,305	41,239
<i>JCES</i>	541	560	499	498
TOTAL	41,952	42,819	43,804	41,737

6. Client Charges for 2014-15

Residential Services

Residential charges to be implemented each April as directed by the Department of Health CRAG (Charging for Residential Accommodation Guide).

Client contributions for both long and short stay placements are based on an individual financial assessment of capital and income.

There is no charge for services provided to clients under Intermediate Care or Continuing Care.

The Care Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the FAB team and an individual financial assessment in accordance with Department of Health circular LAC(2001) 32.

Non Residential Services

As part of the CIP schemes for 2015/16, the Trust will bring forward proposals for revised charging policies during 2014/15.

Roles and Responsibilities

Torbay Council

- **Role of Torbay Council Director of Adult Social Services (DASS)** – has delegated her authority for provision of frontline services to the Trust for the provision of Adult Social Services. She provides strategic leadership of adult social care services and strategic commissioning for adults for Torbay fulfilling the statutory responsibilities of the DASS role. The DASS is accountable for all seven statutory responsibilities of the role but will delegate Professional Practice and Safeguarding and Operational Management responsibilities to the Trust through the Deputy DASS. She delegates aspects of the financial management elements of the role to the Finance Director of TSD and the Executive Head of Finance at Torbay Council, but retains overall accountability for the ASC budget.
- **Role of Adult Social Care Executive Lead Member** - to provide political steer to the Trust and the Council in adult social care. To challenge/monitor and drive performance.
- **Executive Head Finance** – to take a lead responsibility on behalf of the Council in relation to the delegated budget.

The Trust

- **Role of Trust Chief Operating Officer (COO)** – has delegated authority within the Trust to ensure that the requirements of this agreement are met through the effective management and delivery of adult social care services as part of the Trust’s integrated Zone based teams. The COO will take lead responsibility for the relationship with the Council.
- **Role of Director of Finance** – to take a lead responsibility within the Trust for managing the budgets allocated to social care services and the monitoring and reporting of performance. This will include the provision of support to the DASS in analysing and interpreting performance, against locally agree KPIs and national benchmarking data, as part of target setting, strategic planning and performance monitoring.
- **Role of Associate Director Adult Social Services** – to provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and support the running of the Adult Social Care Programme Board.
- **Role of Head of Complex Care** – to provide advice and leadership in regard to care planning for people with complex needs, the application of statutory guidance in regard to Ordinary Residence, the management of applications for judicial review of decisions in regard to individual care needs assessments and complex or vexatious complaints.

Social Care Programme Board (SCPB)

The Council and the CCG intend to take a joint approach to the commissioning of services from the new ICO. This will include establishing revised governance structures, which will include the Health and Wellbeing Board. The role and remit of the Adult Social Care Programme Board will be revised to reflect these changes during the course of the year.

This SCPB is overseen by the senior officers described above. The Board will drive adult social care work and improvement plans. Its Terms of Reference cover the following areas:

- To assist the development of the strategic direction of adult social care services which supports the new context the Council and Trust face in terms of changing public sector reform and reducing public resources.
- To receive regular reports and review progress against transformation and cost improvement plans differentiating between those areas incorporated within the budget settlement and any cost pressures over and above this.
- To receive reports and review performance against indicators and outcomes included in the Annual Strategic Agreement providing and/or participating in regular benchmarking activities.
- To monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate.
- To discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums. This will include the initial list of service improvement areas planned for 2014-15 and onwards.
- To discuss and develop future Annual Strategic Agreements.
- Co-ordinate the production of the 'Annual Account'.
- To develop discussion/briefing documents for use with the following groups or organisations:

• Adults Policy Development Group	• ADASS or other local authorities
• Overview and Scrutiny	• Executive teams within both organisations
• Health and Well-Being Board	• Integrated Governance Committee
• Joint Commissioning Group (Torbay)	

Annex A

Budget Proposals 2014/15 and 2015/16: Adult Social Care

Name:	Caroline Taylor / Dr Sonja Manton	Position:	Director of Adult Social Care / Chief Operating Officer
Business Unit:	Adult Social Care	Directorate:	Torbay & Southern Devon Health & Care Trust
Executive Lead:	Cllr Scouler	Date:	6 th February 2014

At any one time Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) is working, on behalf of Torbay Council, to coordinate the delivery of adult social care services to around 2,200 people across Torbay. Approximately a third of these people will need to be cared for in residential or nursing homes and two thirds of the people will be receiving care in their own home.

To identify what services each person needs staff from the Trust first of all work with every individual to identify and assess their needs against the relevant eligibility criteria and policies. Through a separate process a personal budget is then calculated; this is the amount of money which can be spent on services for that person. The final part of the process is to discuss with each individual, their family and carers to agree a support plan which sets out how this personal budget could be used to purchase services and deliver the right outcomes for that individual. This process makes sure that the care which is provided is personalised and tailored to the needs of each individual.

***Type of Decision**

- **Internal** - Efficiency / internal re-structure
- **Minor** – Low community impact/interest
- **Major** - High community impact/interest

Summary of Proposals for Adult Social Care Services 2014/15 and 2015/16

Proposals – Outline details	Net Savings		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/14 <i>If earlier or later state date</i>	Risks / impact of proposals / mitigating actions	Type of decision*		
	2014/15 £	2015/16 £				Internal	Minor	Major
<p>1. Underlying position: Savings brought forward from 2013/14</p>	500,000	0	N/A	In place	<p>N/A</p> <ul style="list-style-type: none"> • Potential risks • Impact on community • Knock on impact to other agencies 	N/A	N/A	N/A
<p>2. Renegotiation of Contracts: working with suppliers to reduce costs in the light of the increasing scarcity of resources.</p>	90,000	170,000	Low	Incremental with effect from 1/4/14	<p>Negotiations will be taking place with suppliers to reduce the cost of some block contracts. A lead in period is likely to be necessary to allow suppliers to adjust their structures and methods. Consequently the majority of savings are likely to be delivered in year 2.</p> <p>Should any potential impact on service users be identified by the provider then an Equality Impact Assessment and consultation will be undertaken.</p>	X		

Proposals – Outline details	Net Savings		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/14 If earlier or later state date	Risks / impact of proposals / mitigating actions	Type of decision*		
	2014/15 £	2015/16 £				Internal	Minor	Major
<p>3. Review of All existing community care support plans: to ensure that allocation of personal budget and services are equitable across all services and between service user groups. (At any one time there are around 1,391 people receiving care at home)</p>	1,290,000	498,000	High – will require additional capacity within the Complex Care Review team	July 2014	<ul style="list-style-type: none"> Potential risks Impact on community Knock on impact to other agencies <p>This proposal will ensure the consistent application of existing policies and thresholds for the provision of care services. The circumstances and needs of each individual service user will be reassessed as part of a formal review process. The level of need identified in the assessment, and how those needs can be met will then be discussed with each individual.</p>	X		
<p>4. Care Home Placement Numbers & Rates (there are 765 clients placed in RH / NH care)</p>	371,000	360,000	Low	2014/15 & 2015/16	Over the last five years the number of people who need and chose to move into care homes has fallen by around 4% per year. It is assumed that this trend will continue over the next two years.	X		
<p>5. Equitable Application of Non-residential Charging policy; a revised charging policy for non-residential service was introduced in 2012/13, this will now be applied consistently across all service groups.</p>	50,000	100,000	Medium	October 2014	The non-residential charging policy will be applied consistently for all people receiving chargeable services. This will include requiring people in receipt of Attendance Allowance and Disability Living Allowance to use a portion of their allowances to contribute to the cost of their care.	X		

Proposals – Outline details	Net Savings		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/14 <i>If earlier or later state date</i>	Risks / impact of proposals / mitigating actions	Type of decision*		
	2014/15 £	2015/16 £				Internal	Minor	Major
6. Community Alarms: Full year effect of changes made in 2013/14	94,000	0	Low	April 2014	<ul style="list-style-type: none"> • Potential risks • Impact on community • Knock on impact to other agencies <p>This is the full year effect of the decision taken for the current year to cease funding for the provision of an alarm unless a service user has Fair Access to Care Services (FACS) eligible need.</p>	X		
7. Community Alarms: funding alarms as part of personal budgets.	48,000	48,000	Medium	2014/15 & 2015/16	<p>This does not alter eligibility for a community alarm; however alarms are currently funded from a separate budget over and above the funding of 'community care'. This proposal means that in future alarms will be funded from the personal budgets allocated to each individual.</p> <p>The circumstances and needs of each individual service user will be reassessed as part of a formal review process.</p> <p>A discussion will then take place with each individual to agree how the needs identified could be met. This will include consideration of whether a community alarm would be beneficial or helpful.</p>		X	

Proposals – Outline details	Net Savings		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/14 <i>If earlier or later state date</i>	Risks / impact of proposals / mitigating actions	Type of decision*		
	2014/15 £	2015/16 £				Internal	Minor	Major
8. Learning Disability Services: the full year effect of changes already agreed.	150,000	0	Medium/High	April 2014	<ul style="list-style-type: none"> Potential risks Impact on community Knock on impact to other agencies <p>The changes already agreed, and put into place, for services for people with learning disabilities will deliver further savings in 2014/15.</p>	X		
9. Learning Disability Development Fund: It is proposed that this fund is reduced.	17,000	17,000	Low	2014/15 & 2015/16	This is a development fund which has been used in the past to supplement the work of voluntary sector organisations and the Learning Disabilities Partnership board.			X
10. Carer's services: This proposal seeks to secure a 5% reduction in the cost of services which are currently £317,000	18,000	0	Low	April 2014	Negotiations will take place with carer's organisations to reduce costs and improve efficiency. There is no anticipated impact on service users.	X		

Proposals – Outline details	Net Savings		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/14 If earlier or later state date	Risks / impact of proposals / mitigating actions	Type of decision*		
	2014/15 £	2015/16 £				Internal	Minor	Major
<p>11. Voluntary Sector Block Contracts: Negotiation with voluntary sector organisations to improve efficiency or reduce costs. The current value of all contracts with voluntary sector managed by the Trust is £256k.</p>	38,000	38,000	Nil	2014/15 & 2015/16	<p>This proposal will achieve the following:</p> <ul style="list-style-type: none"> • 10% reduction to 3 contracts (Devon County Council, Age UK and Brixham Does Care) • No reduction to 4 contracts (Vocal, Parkview Society & 2 Bipolar self management & rent of premises) • Withdrawal of funding (some over two years) to 3 contracts – Relate, ACE and Rethink <p>This will generate a saving of £62,400</p> <p>The additional £13,600 will be found as part of the ASC budget reduction total via efficiency savings.</p>			X
<p>12. Redesign of Services: to meet the financial challenges the Council faces, further work will be required to consider whether savings could be made by changing the way services are provided.</p>	122,000	1,095,000	Medium/High	April 2015	<p>The Trust will work with the Council during 2014 to identify opportunities for redesigning services so that costs can be reduced whilst still meeting the assessed needs of service users.</p> <p>These will potentially be major projects that will require full consultation and EIAs. However it will not be possible to embark on consultation until detailed proposals have been developed. It will take time to do this and it is expected that consultation will be able to take place throughout 2014.</p>			X

Proposals – Outline details	Net Savings		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/14 If earlier or later state date	Risks / impact of proposals / mitigating actions	Type of decision*		
	2014/15 £	2015/16 £				Internal	Minor	Major
13. Redesign of delivery model: The Trust is committed to making savings in back office function in 2014/15, but given previous savings made these would be modest reductions, however it may be possible to agree a new care model for 2015/16	100,000	1,069,000	Medium/High	April 2015	<ul style="list-style-type: none"> Potential risks Impact on community Knock on impact to other agencies <p>To achieve savings in 2015/16 will require the Council and Trust to work together to agree a new delivery model which may significantly change the way services are delivered and managed.</p> <p>These will potentially be major projects that will require full consultation and EIAs. However it will not be possible to embark on consultation until detailed proposals have been developed. It will take time to do this and it is expected that consultation will be able to take place throughout 2014.</p>			X
Total saving 2014/15	£2,888,000							
Total saving 2015/16	£3,395,000							
Sub total	£6,283,000							

£1,566,000: 2015/16 Further Joint working, shared commissioning, new income and efficiencies to be explored with the NHS and others.

TOTAL **£7,849,000**

Key Performance Indicators

Measure	2012/13		2013/14		2014/15 Target	Comment
	Target	Actual	Target	Year to Date		
Proportion of clients receiving self directed support	Not in ASA		70%	53%	70%	ASCOF KPI - this KPI will be kept under review as the national target may be increased to 100% in 2014/15 to correspond with definition change
Proportion of carers assessed	31%	28%	31%	26%	35%	Set at the South west average but to be reviewed once the requirements of the Care Bill are known.
No. of permanent care home placements	Not in ASA	717	697	676	644	To be set at outturn less 6% to match reductions assumed in budget proposals
Achieving independence for older people through rehab/intermediate care	80%	82%	81.8%		82%	ASCOF KPI - calculated annually, no forecast available
Timeliness of social care assessment	70%	70%	65%	68%	70%	These targets are all maintained at the 2103/14 in recognition of the challenging financial settlement and the high level of system wide change which required in 2014/15 and beyond. However during 2014/15 it is expected that further work will be undertaken to forecast, monitor and evaluate the impact of the changes planned. These KPIs will then be reset on the basis of that work.
% Clients receiving annual review	85%	88%	80%	90%	80%	
% People receiving statement of needs	95%	94%	95%	94%	95%	
Timeliness of social care packages following assessment	85%	99%	85%	97%	85%	
% Adults with learning disabilities in settled accommodation	60%	69%	69%	68%	69%	
% Adults in contact with secondary MH services in employment	6.0%	5.5%	5.5%	2.8%	5.5%	
% Adults in contact with secondary MH services in settled accommodation	70%	77%	77%	60%	77%	
Proportion of clients receiving direct payments	Not in ASA		10%	9%	10%	
% clients supported in a care home	Not in ASA		18%	20.0%	18%	
No. of overdue reviews	Not in ASA	472	500	403	500	
Safeguarding Adults - No. alerts	Not in ASA	268	270	164	270	
Safeguarding Adults - % strategy meetings <5 days	75%	82%	75%	69%	75%	
Safeguarding Adults - % case conferences <20 days	35%	80%	70%	52%	70%	
Safeguarding Adults - No. repeat referrals in last 12 months	16	16	16	22	16	

Annex C

Risk Matrix

Analysis of risks set out in ASA: The risk analysis set out in this grid has been completed against the Trust's risk scoring matrix under which a score of 4 or less is regarded low, between 6 and 9 as moderate and 10 to 25 as significant.

Risk	Risk description	Mitigation	Risk Score		
			Impact	Likelihood	Score
Ordinary residence	Movement of ordinary residence can create in year pressures and this will be monitored closely through Social Care Programme Board	<ul style="list-style-type: none"> Adherence to protocols by front line teams and to assess the needs of individual only users to ensure that ordinary residence does apply to their circumstances. A revised protocol has been introduced during 2013/14 and is being applied. Operationally application is monitored via the Complex Care Review Panel. Close monitoring of financial impact through Social Care Programme Board (Monthly reports available and quarterly report to Commissioning for Independence Board.) 	4	4	16
The scale of savings required	Savings plans targets are significant and over a two year period will require radical changes in the range of services available, the level of care that can be provide and the way services are delivered.	<ul style="list-style-type: none"> Individual assessments / reassessment carried out against FAC criteria and all relevant policy frameworks as part of assessing whether it is safe or appropriate to reduce the level and make up of existing care plans. The Trust, Council and CCG will work with service users and the voluntary sector to secure appropriate input and engagement in redesigning and redeveloping services. Changes in the nature, level and range of services will be subject to formal consultation as required by national guidance and Council policy. 	4	4	16
Risk of capacity to deliver changes	The requirements of this commissioning agreement are the further changes and savings to back office and assessment processes. Capacity in zone teams	<ul style="list-style-type: none"> This is mitigated through assurance from the Trust that operational services at the front end can be delivered in a different way. ASA KPIs include monthly metrics that will demonstrate any reduction in capacity 	4	3	12

Risk	Risk description	Mitigation	Risk Score		
			Impact	Likelihood	Score
	may impact on the pace of delivery.	<ul style="list-style-type: none"> Regular updates to OLG, SCPB and/or CIB highlighting any commissioning/service transformation needs/risks. 			
Community concern	Concern may be raised in response to implementation of the programme of work outlined in this agreement which may affect the pace of delivery.	<p>This is mitigated through</p> <ul style="list-style-type: none"> The close involvement of, and engagement with the individuals involved, their families and carers through the relevant assessment and reassessment processes. Moderation of decision making in complex cases through the complex care review panel. Escalation of individual cases to the Social Care Programme Board, support from Council Legal services and briefing for Members where particularly difficult, sensitive or contentious cases arises. 	4	3	12
Care Home Fees	Care home fees have been set within a new banding structure for residential care set last year.	<ul style="list-style-type: none"> This is mitigated through a consultation process with providers. The process may be open to challenge. 	3	3	9
Acquisition process	The Trust is expected to be acquired by another NHS Foundation Trust in September 2014 and this could result in distraction from delivery of this agreement.	<ul style="list-style-type: none"> This is mitigated through close working between senior officers in the Council, the Trusts and CCG, the Mayor and Councillors, NHS Chairs and Board members. The impact on frontline staff will be minimal and mitigated by frequent staff briefings and updates from senior management 	3	2	6



The Adult Social Care Outcomes Framework 2014/15

<p>Title: Adult Social Care Outcomes Framework</p>
<p>Author: Directorate/ Division/ Branch acronym / cost centre SCLGCP - 18280</p>
<p>Document Purpose: Policy</p>
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The Adult Social Care Outcomes Framework 2014/15

Prepared by the Department of Health

November 2013

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Foreword

Every person using health and care services deserves the highest quality care and support. One of our key ways to make this happen is through transparency. The Adult Social Care Outcomes Framework, with its focus on promoting better outcomes and experiences for people who use care, and carers, measures how well care and support delivers the outcomes that matter the most to people. We need to know how the system performs on those issues – and take action based on this information so that we continually improve and do better for the people we support.

The ASCOF measures how well the care and support system achieves the things we would expect for ourselves and for our friends and relatives. People who use care and support, carers and the public can use this information to see how well their local authority is performing, helping people to hold their council to account for the quality of the care they provide, commission or arrange. Councils themselves use the measures to help them drive up standards of care, and give people genuine choice and control over the services they use.

The ASCOF is continually evolving, and is being further strengthened for 2014/15. This year, the ASCOF, alongside the NHS Outcomes Framework, will do more to support our ambition for joined-up services within, and between, health and social care. The Government is fully committed to driving care that is genuinely joined-up around the needs of people, not the needs of services. We want a system which recognises that people's outcomes and experiences of care will only improve if all parts of the system work together with a common purpose. To this end, for the first time the ASCOF will include a new measure of whether people experience care that is joined-up and seamless. It will provide us with the evidence to better understand the extent to which people experience person-centred, coordinated care, and highlight where we can do better. Other changes to the framework this year will support a renewed focus on preventing and delaying the need for care and support, and will better reflect councils' progress in delivering personalised care for both users of care and carers.

This year also marks a significant milestone for the framework, with two complete years' worth of outcomes-focused data available. This enables us, locally and nationally, to develop a view of the progress being made across adult social care, whilst exposing the areas where there is room to do more to ensure that everyone has access to the best possible care and support.

Alongside the ASCOF for 2014/15, we are also launching an interactive website for the ASCOF¹, which will enable people to see how well their council is performing in achieving the best possible outcomes for their local populations.

¹ <http://ascof.hscic.gov.uk>

Despite making good progress in 2012/13, it was disappointing to see that some local authorities missed the sector's ambition that 70% of eligible people should have access to a personal budget, which make a real difference to the lives of the people who use them. In the future, the Care Bill sets out that everyone needing care and support will have access to a personal budget as part of their care and support plan, ensuring that they are able to exercise control over how care and support is provided. Therefore, councils should have clear plans in place to deliver personal budgets as part of the Care Bill reforms. These plans should also focus upon outcomes to ensure that systems are optimised to deliver personal budgets that offer true choice and control. The Personal Budget Outcome Evaluation Tool (POET) is one effective approach to monitor the effectiveness of personal budget processes.

It was however encouraging that the number of people experiencing a delayed transfer of care from hospital has fallen for another year, as has the number of delayed transfers which are attributable to social care. This suggests that we are getting better at providing care which is integrated and coordinated between both health and social care services. The new measure of integration in this year's framework will also capture the extent to which people experience integrated care, and help identify where improvements can be made.

It was also encouraging to see that the number of users of adult social care who are very or extremely satisfied with their care and support has risen for a second year. However, fewer than half of carers reported the same level of satisfaction, demonstrating that there is more to be done to ensure that everyone has the best experience.

The Adult Social Care Outcomes Framework, with its clear focus on promoting people's quality of life and their experience of care, and on care and support that is both personalised and preventative, remains our key tool to track progress locally and nationally towards the realisation of our ambitions for care and support. It is important that councils, alongside their local populations, continue to use the ASCOF, and the NHS and Public Health Outcomes Frameworks, to better understand the quality of services being provided, to jointly identify local priorities for improvement, and to drive improvement against those priorities.



Rt Hon Jeremy Hunt MP
Secretary of State for Health



Norman Lamb MP
Minister of State for Care Services

Introduction

1. The Adult Social Care Outcomes Framework (ASCOF) is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. The framework was first published in March 2011, and since then has been kept under constant review to ensure a continued focus on measures that reflect the outcomes which matter most to users of adult social care services and carers.
2. This document sets out the ASCOF for 2014/15. The framework has been co-produced with local government, with a focus on ensuring that the framework continues to reflect the changing role of local government, and that all measures retain an outcome focus. We continue to be mindful of the reporting burden placed on councils when developing the ASCOF.
3. The Care and Support White Paper² and the Care Bill³ set out the Government's vision for a reformed care and support system, which places the person at the very heart of the health and care services they receive. The ASCOF will support councils in leading this transformation by providing a clear focus for local priority setting and improvement. Through use of the ASCOF, alongside the outcomes frameworks for the NHS and public health, local government and its partners will be supported to provide high quality, seamless care and support, integrated around the needs of the people who use them.
4. This document:
 - Describes how the ASCOF should be used as a tool to support local improvement in care and support;
 - Provides a national commentary on adult social care outcomes in 2012/13;
 - Sets out the ASCOF for 2014/15; and,
 - Outlines a forward look for the framework for future years.
5. This document should be read in conjunction with the forthcoming 'Handbook of Definitions for the Adult Social Care Outcomes Framework for 2014/15', which will set out the detailed definitions for each measure, with worked examples. This handbook will be published in the spring.

² Caring For Our Future: reforming care and support. Published by the Department of Health in July 2012

³ Progress of the Care Bill can be seen at <http://services.parliament.uk/bills/2013-14/care.html>

The role of the Adult Social Care Outcomes Framework

6. A system of sector-led improvement has now been embedded for adult social care, with councils being supported to take responsibility for their own performance and improvement, developing a system of performance management 'by councils, for councils'. The ASCOF plays a key role in this system – providing robust comparable information on the outcomes and experiences of people who use adult social care, and carers.
7. The key roles of the ASCOF are:
 - Locally, the ASCOF supports councils to improve the quality of the care and support services they provide. The ASCOF, now in its fourth year, provides councils with robust information they can use to monitor the success of local interventions in improving outcomes. The data stimulates discussions between councils, and promotes the sharing of learning and best practice. The sector also uses the ASCOF in their own progress reporting, and forms the core of the information the sector uses to scrutinise its own performance.
 - Locally, the ASCOF also supports improvement in adult social care services through strengthened accountability to local people. By fostering greater transparency on the success of care and support services in improving outcomes for the people who use those services, the ASCOF enables local people to hold their council to account for the quality of the services they provide, commission or arrange. The ASCOF is being used by local government in the production of their local accounts, as part of efforts to enhance transparency and better exploit information to support improvement.
 - At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support. The framework supports Ministers in discharging their accountability to the public and Parliament for the adult social care system, and continues to inform and support national policy development.

Integrated care and support

8. Another key role of the ASCOF is to promote more joined-up working at the local level. The three outcomes frameworks for health, public health and adult social care provide all parts of the system with a shared sense of priorities, a focus for improvement and aligned incentives. The three outcomes frameworks therefore form the basis for integrated working locally and support local partners to identify

shared responsibilities, pursue shared goals and improve outcomes for their communities.

9. By highlighting the challenges faced by the health and care system locally, the outcomes frameworks provide a common basis for action. The principle vehicle for joint working at the local level is health and wellbeing boards, which bring the whole system together and maximise the opportunities to deliver integrated care across the NHS, public health and social care services, and to influence the wider determinants of health.

Equality

10. The ASCOF, together with the outcomes frameworks for the NHS and public health, provides a comprehensive overview of the outcomes achieved by people who use health and care services. By measuring the outcomes and experiences of people who use care and support, broken down by equality characteristic where the data permit, the frameworks support greater transparency on equality both locally and nationally. The frameworks therefore support local and national action to identify instances of discrimination and opportunities to advance equality.
11. The Department is currently carrying out a review of all the data disaggregations available for the health and adult social care outcomes frameworks, and is working with stakeholders to identify the benefit and feasibility of increasing the data breakdowns available.
12. The measures within the ASCOF are also used to monitor the progress of the Department in meeting its equality objectives for 2012-16. Further information about this can be found at: <https://www.gov.uk/government/publications/department-of-health-equality-objectives-2012-to-2016>.

Adult Social Care Outcomes in 2012/13

13. Nationally, the ASCOF is the Department's key tool for measuring the progress of the adult social care system, supporting our understanding of the outcomes and experiences of people who use care and support, and carers.
14. The ASCOF was first launched for the year 2011/12. As such, the publication of outcomes data for 2012/13 this autumn⁴ offers the first opportunity to compare adult social care outcomes over two years, and measure progress towards our ambitions for care that is personalised, preventative and high quality.
15. The framework supports the comparison of the outcomes and experience of care and support for different groups of users and carers, and allows a focus on different themes. When interpreting comparisons between groups, or across local authorities, we need to be mindful that a wide range of factors, including levels of care need and people's expectations of care and support, may have an impact on their outcomes and their satisfaction with their care. This is particularly true of the survey-based measures, where it is currently not possible to identify the specific impact of adult social care services on the outcome being achieved.
16. However, where disparities in outcomes are marked, this should be a prompt for further local investigation, which may highlight the need to do more to ensure that everyone who receives care is supported to achieve the best possible outcomes, and the best possible experience of their care and support.
17. The following commentary highlights variation in outcomes across local authorities, and, for some measures, identifies those councils which are delivering outcomes at the bottom or top of the national range.

Key findings for 2012/13⁵

18. Overall, outcomes for 2012/13 demonstrate a stable picture, with performance broadly similar to 2011/12. There continue to be marked disparities in the outcomes and experiences of different groups, and between local authority areas. Key findings for 2012/13 include:
 - There have been slight increases in both social care related quality of life, and satisfaction of people who use services with the quality of their care and support.
 - Most local authorities did not achieve the ambition of the provision of personal budgets to 70% of people who use care and support, and carers. Those councils which missed the objective should look to their peers for examples of how to make personal budget provision a success⁶.

⁴ These data are as published by the Health and Social Care Information Centre in November:
<http://www.hscic.gov.uk/catalogue/PUB12610>

⁵ Findings based on the data as published by the Health and Social Care Information Centre in November.

⁶ Based on interim data, as published by the HSCIC in November.

- At the local level, there continue to be large variations in the number of people with a learning disability, or who are in contact with a mental health service, who live independently⁷.
 - The proportion of people who use adult social care services who say those services have made them feel safe and secure has increased at the national level for 2012/13.
 - The proportion of people in receipt of local authority-funded care who report that they have adequate, or as much control as they want over the daily life has remained stable. The proportion of people who use services who found it extremely or very easy to find information about care and support has also remained stable. However, for both measures, this was not the case for around a quarter of those surveyed, showing that more needs to be done to ensure that everyone is receiving the best possible service.
19. The following commentary considers the extent to which the data from the ASCOF demonstrates improvement in adult social care services across the following key themes of the Care and Support White Paper:
- I am happy with the quality of my care and support
 - I am supported to maintain my independence for as long as possible
 - I understand how care and support works, and what my entitlements are
 - I am in control of my care and support
 - I know that the person giving me care and support will treat me with dignity and respect

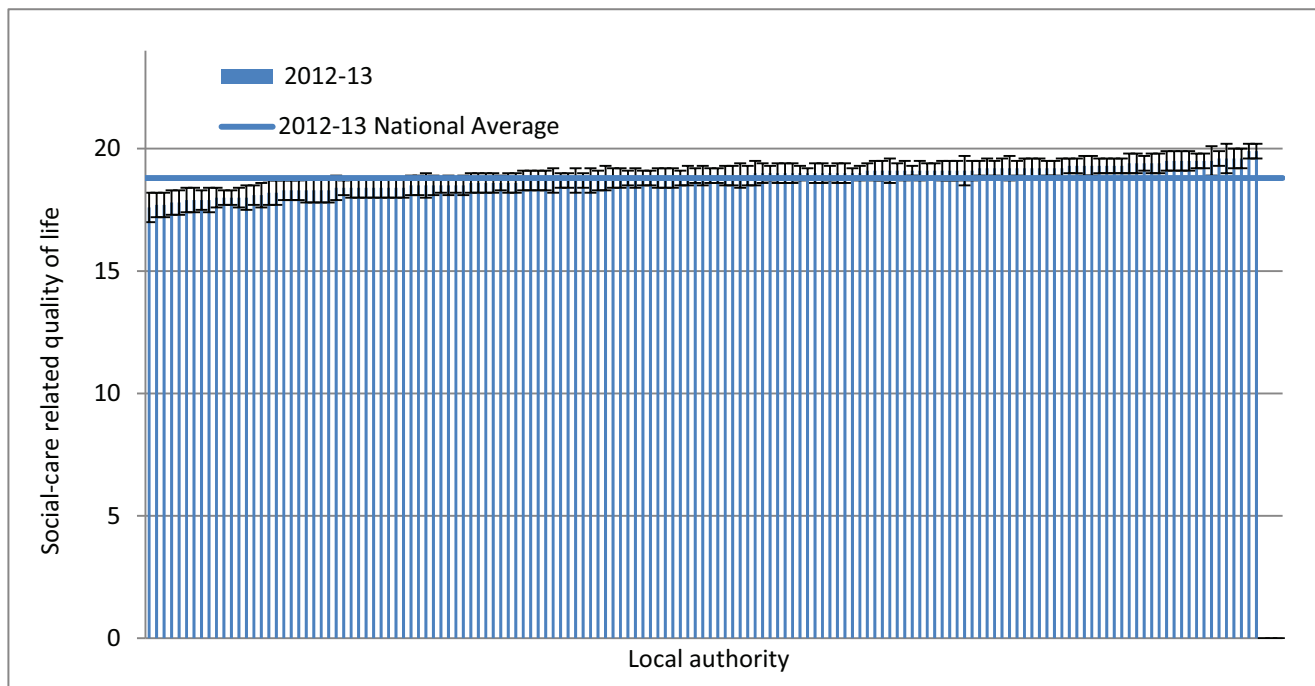
⁷ Findings based on provisional Mental Health data, as published by the HSCIC in July. Final data will be published in December 2013.

I am happy with the quality of care and support I receive and I know that the person giving me care and support will treat me with dignity and respect

20. High quality, responsive care and support, in which people are treated with dignity and respect, is a cornerstone of our ambitions for care reform. Performance against the ASCOF, with its focus on people’s outcomes and experiences of their care and support, is a key marker of progress against the ambition of high quality care for all.

21. The social care-related quality of life measure within the ASCOF gives an overarching view of the quality of life of users of care and support. In 2012/13, social care-related quality of life was 18.8 out of a maximum possible score of 24 for users of social care, compared to 18.7 in 2011/12. In addition to this, 64.1% of users reported that they were extremely or very satisfied with the care and support services they received in 2012/13, an increase from 62.8% in 2011/12. Whilst it is positive that nearly two thirds of users of care say they are extremely or very satisfied with their care and support, this clearly leaves scope to do more to ensure that everyone has a good experience.

Figure 1: Social-care related quality of life for users of social care services, by local authority⁸



⁸ The black lines at the top of each bar show how accurate the proportion is for each local authority. The bottom of the black line indicates the lowest likely proportion of people for this local authority, and the top indicates the highest. These confidence intervals are included as there is a degree of uncertainty because these are survey estimates. That is, only a sample has been surveyed, and hence the proportions are representative of the real figure for the whole population. The score for each local authority against this measure can be found at:

<http://www.hscic.gov.uk/catalogue/PUB12610>.

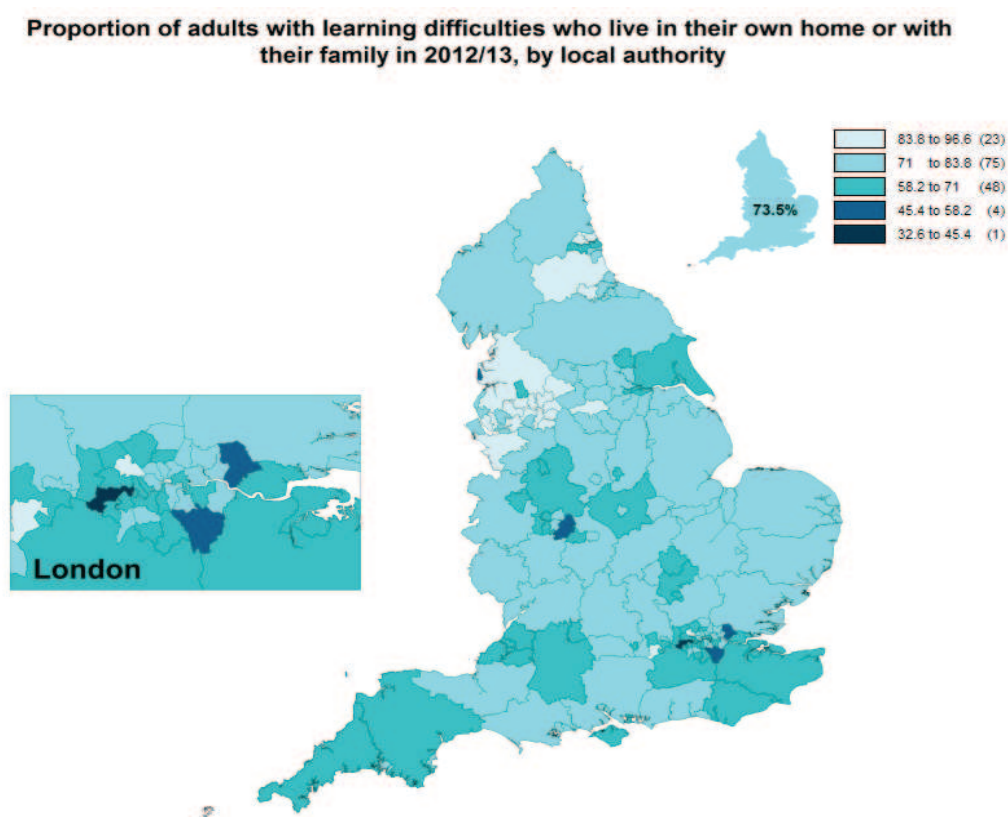
22. In 2012/13, carers reported an average quality of life score of 8.1 out of a maximum of 12, with older carers reporting better outcomes and experiences than their younger counterparts. For example, 45.8% of carers aged 65 or older reported that they were extremely or very happy with the care and support services they received, compared to 39.7% for those aged 18-64. This shows there is scope to do more to do to improve the quality of life for young carers.

I am supported to maintain my independence for as long as possible

23. The Government is working to change the focus of care and support services from reacting when people reach crisis point, to actively promoting well-being, supporting people to remain independent and connected to their communities. The ASCOF supports a focus on these priorities with direct measures of independent living.

24. Stable and appropriate accommodation for people with learning disabilities and mental health problems has a strong impact on their safety and overall quality of life, and mitigates the risk of social exclusion. At the national level, the proportion of adults in contact with secondary mental health services who live independently, with or without support, has remained relatively stable, with a slight increase from 54.6% in 2011/12 to 59.3% in 2012/13. The proportion of adults with learning difficulties living in stable and appropriate accommodation has also undergone a welcome increase, from 70.0% in 2011/12 to 73.5% in 2012/13.

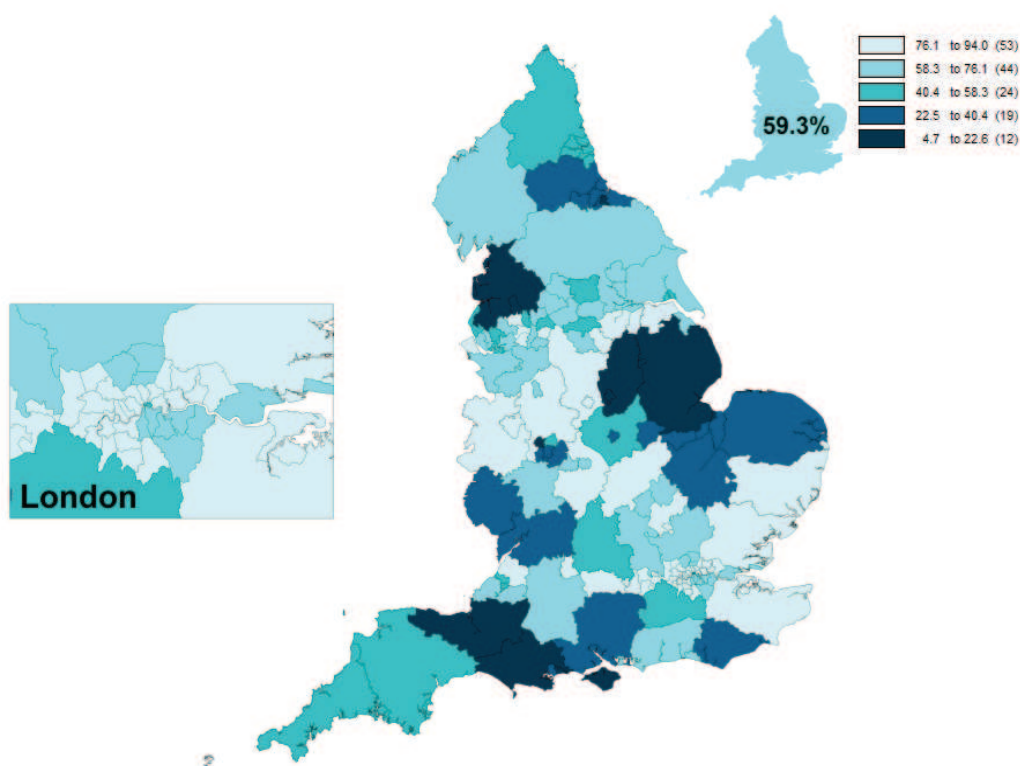
Figure 2: The proportion of adults with a learning disability who live in their own home or with their family in 2012/13, by local authority.



25. However, there continue to be marked differences in the extent to which these groups are supported to live independently. The local authorities with the highest rates of people with learning disabilities living in stable and appropriate accommodation are Brent, Rochdale, Oldham, Tameside, Salford and Knowsley, with this being the case for over 90% of people. However, Hounslow, Blackpool, Birmingham, Bromley, Havering, Lambeth and Solihull local authorities have the lowest rates, with fewer than 60% of people with a learning disability living in stable and appropriate accommodation.

Figure 3: Proportion of adults in contact with secondary mental health services who live independently, with or without support in 2012/13, by local authority

Proportion of adults in contact with secondary mental health services living independently with or without support in 2012/13, by local authority



Data Source: Adult Social Care- Combined Activity Return (ASC-CAR). National average 59.3%.

26. The proportion of adults in contact with secondary mental health services who live independently was 59.3% in 2012/13, a welcome increase from 54.6% in 2011/12⁹. Whilst this is very positive, again there are large local variations, suggesting there may be room for councils to improve access to independent living for this group.

⁹ 2012/13 findings based on provisional data, as published by the HSCIC in July..

This highlights the need for further enquiry by local authorities to understand the reasons behind their local performance, and, where necessary, to take action.

Permanent admissions

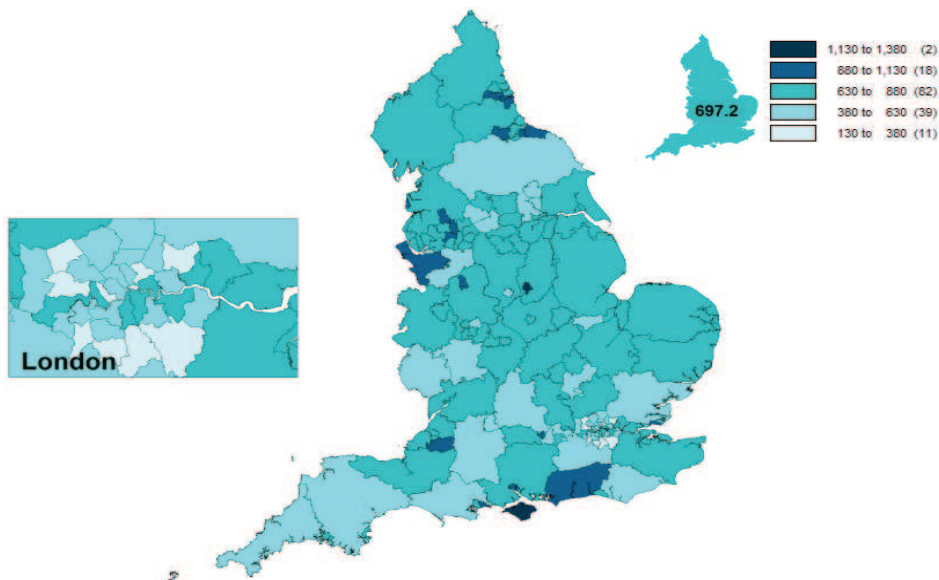
27. The number of permanent admissions to residential and nursing care homes is a good measure of the effectiveness of care and support in delaying dependency on care and support services, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions where appropriate.
28. Measures focussing on delaying dependency for older people show a stable picture at the national level in 2012/13 compared to 2011/12. In 2012/13 there were 697.2 permanent admissions to residential care or nursing homes per 100,000 population for adults aged 65 or over, which is similar to 695.9 in 2011/12. Where there have been increases in admissions locally, this highlights the need for further enquiry by councils to understand the cause of the increase and, where necessary, to take action.
29. Figure 4 shows the national variation in performance, with Nottingham, Isle of Wight and Southampton having more than 1,000 permanent admissions of older people to residential and nursing care per 100,000 population. In contrast, four councils (Kensington and Chelsea, Sutton, Croydon and Ealing) had a rate of fewer than 300 per 100,000 population.

Reablement services

30. Reablement or rehabilitation services seek to support people, in order to minimise their need for on-going support and to maximise their independence. The ASCOF captures the effectiveness of these services for older people, measuring the proportion of older people still at home 91 days after being discharged from hospital into reablement or rehabilitation services.
31. The proportion of older people who were still at home 91 days after discharge from hospital into reablement services was broadly stable at 81.4% in 2012/13, compared to 82.7% in 2011/12. However, this performance should be viewed in the context of the total number of older people discharged from hospital, and the proportion of those that had access to reablement services (3.2% in both 2011/12 and 2012/13).

Figure 4: Permanent admissions of older people (65 and older) to residential and nursing care home, per 100,000 population in 2012-13, by local authority

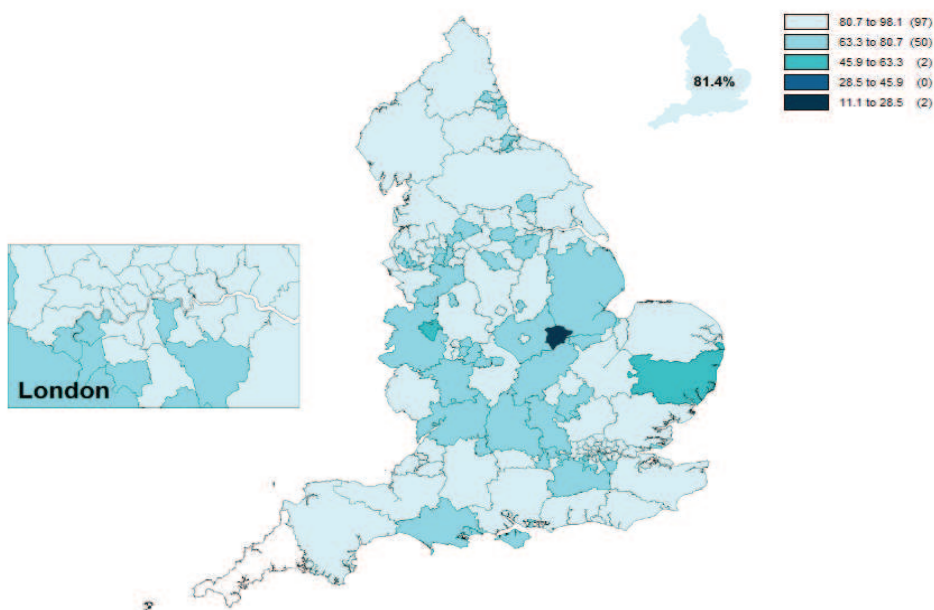
Permanent admissions of older people (65 and older) to residential and nursing care home, per 100,000 population in 2012-13, by local authority



Data Source: Adult Social Care - Combined Activity Return (ASC-CAR). National average: 697.2 permanent admissions.

Figure 5: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation in 2012/13, by local authority

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation in 2012/13, by local authority



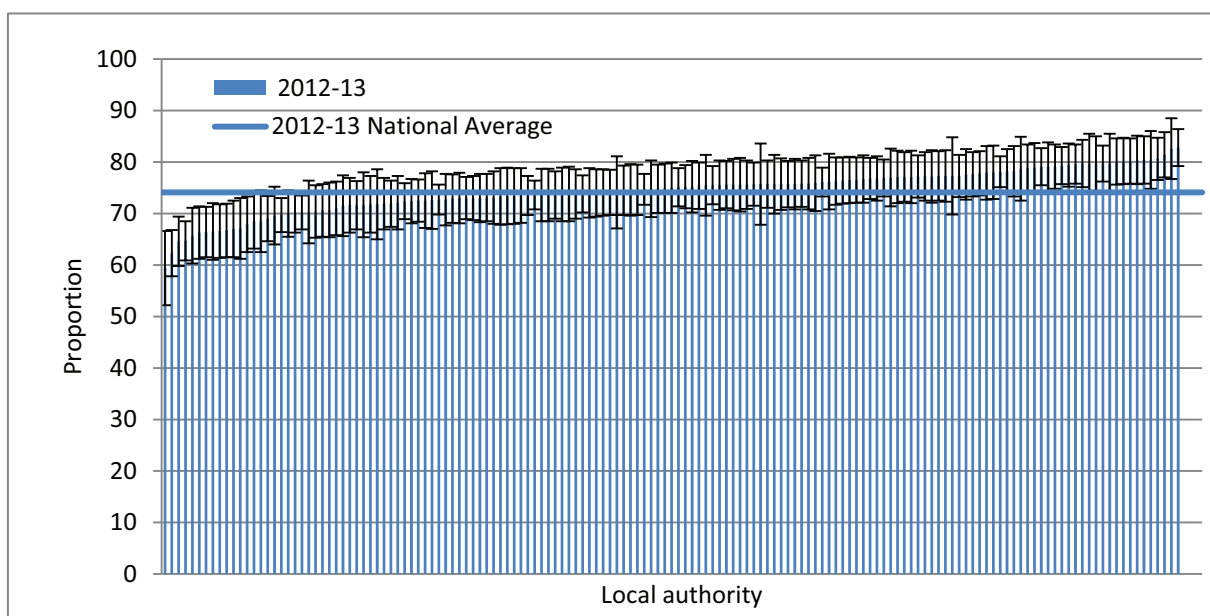
Data Source: Adult Social Care- Combined Activity Return(ASC-CAR). National average 81.4%

32. Figure 5 shows national variation in the effectiveness of reablement services. Twenty-two councils, which can be found in Annex E, achieved a rate of over 90% of people at home 91 days later in 2012/13. For these councils access to reablement ranged from 0.9% to 10.0% of older people discharged from hospital. In contrast, in Telford and Wrekin, Suffolk, Manchester and Shropshire local authorities, fewer than 65% of people were still at home 91 days after discharge from hospital into reablement services. However, this measure should be viewed in the context of how many people are given access to this service – of the four councils highlighted, two (Telford and Wrekin, and Manchester) provided greater access to reablement/rehabilitation services than the national average (3.2%).

I understand how care and support works, and what my entitlements are

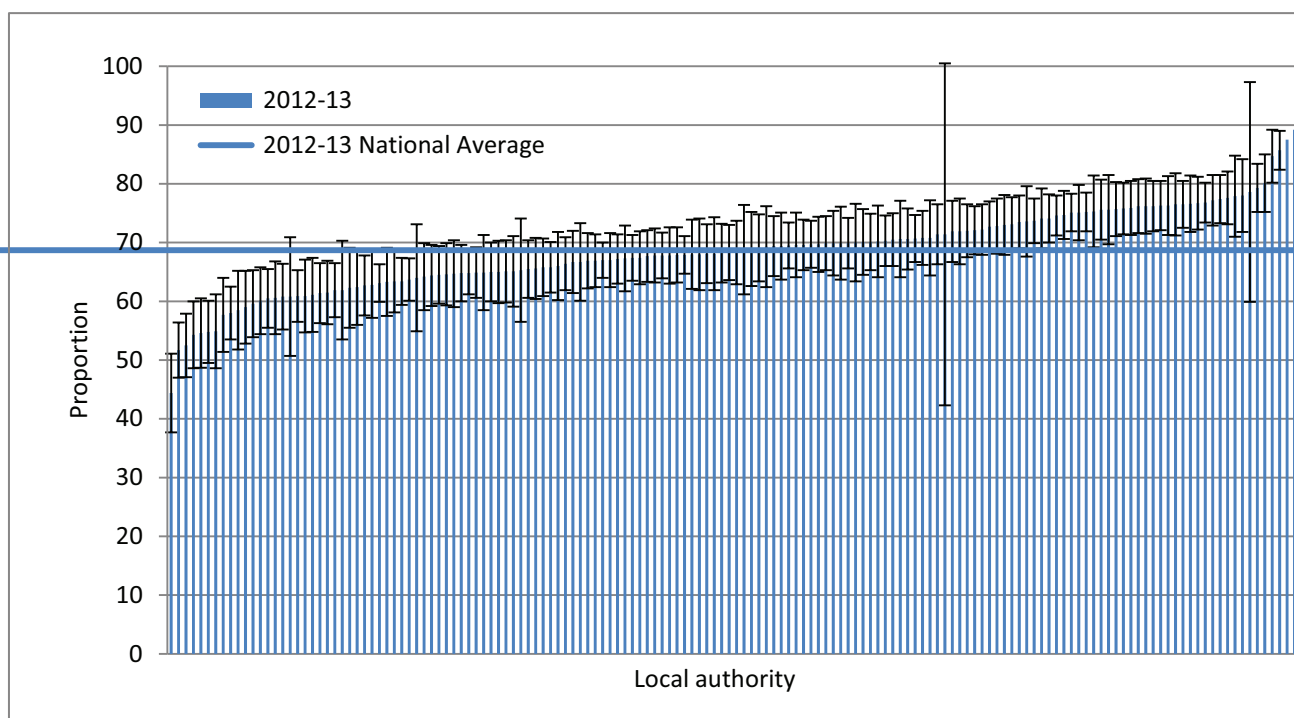
33. The availability and ease of access to information and advice is vital in helping people, their families and carers to make informed choices about the care they want to receive. The ASCOF measures this by capturing the ease with which people are able to find information about care and support. Nationally, the picture is stable – in 2012/13, 74.1% of people who use services said they found it extremely or very easy to find information about services, which is similar to 73.8% in 2011/12 and 74.2% in 2010/11. However, carers reported that they were able to find information less easily than users. This shows that there is scope to do more to make sure this group have access to the information they need.

Figure 6: The proportion of people who use services who find it easy to find information about services¹⁰, by local authority



¹⁰ The score for each local authority against this measure can be found at: <http://www.hscic.gov.uk/catalogue/PUB12610>

Figure 7: The proportion of carers who use services who find it easy to find information about services¹¹, by local authority



I am in control of my care and support

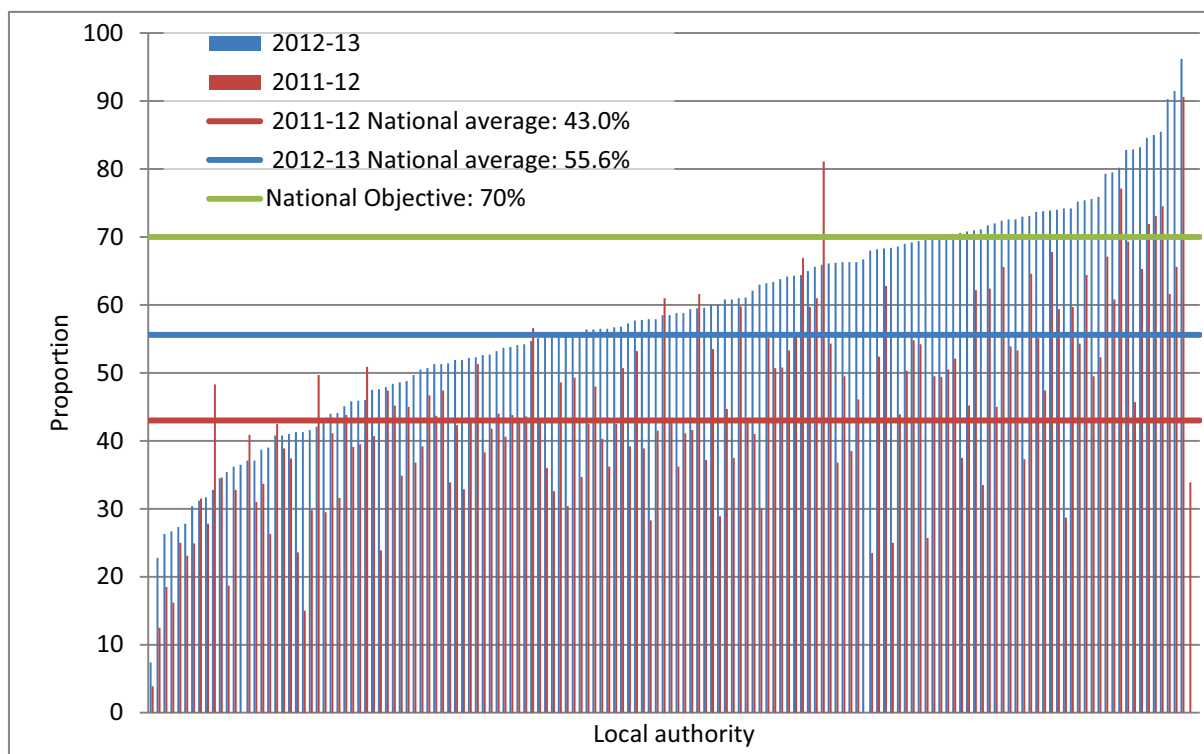
34. The Government wants to give people more control over their health and social care. Personalisation means building support around the individual and providing people with more choice, control and flexibility in the way they receive care and support – regardless of the setting in which they receive it.
35. This emphasis on providing care over which users have genuine choice and control is reflected in the ASCOF, and the extent to which users of care and support feel in control of their daily lives is a key indicator of the personalisation of care. In 2012/13, 76.1% of respondents reported having either as much control as they want or having adequate control over their daily life. This is consistent with last year’s figure of 75.1%. Whilst it is positive to see that three quarters of people feel in control of their daily lives, it is important that, where possible, more is done to improve outcomes in this area for all people who use care and support.
36. A key aspect of control is the roll out of personal budgets, to give people and their carers more control and direct purchasing power over their care and support. The forthcoming statutory entitlement to personal budgets in the Care Bill underlines the Government’s commitment to providing personalised care and support that more closely matches the needs and wishes of an individual. It is known that personal

¹¹ The score for each local authority against this measure can be found at: <http://www.hscic.gov.uk/catalogue/PUB12610>

budgets make a real difference to the people that receive them, by ensuring that they are able to exercise control over how care and support is provided.

37. There has been an increase in the use of personal budgets since the sector agreement of the personal budget objective of 70%. The ASCOF showed that 55.5% of users of community based services and carers received a personal budget in 2012/13, compared to 43.0% in 2011/12, and 29.2% in 2010/11, highlighting the continuing progress of councils in delivering personalised care. While this is encouraging, the disparities in local performance continue to be of concern, with local level provision ranging from 96.2% down to just 7.4%¹².
38. It is widely acknowledged that shortcomings in the way that this measure is currently defined and how data are collected mean that it is impossible for councils to reach 100% against this measure. Following analysis by DH and ADASS, the personal budget objective was set at 70% nationally. As shown in Figure 8, the majority of councils still fall well short of this objective. From 2014/15, the definition of this ASCOF measure will be revised to ensure that its scope is limited to those for whom self-directed support is appropriate.

Figure 8: Proportion of users and carers in receipt of community-based services receiving personal budgets, 2011-12 and 2012-13, by local authority¹³



¹² Findings based on interim data, as published by the HSCIC in November.

¹³ The score for each local authority against this measure can be found at: <http://www.hscic.gov.uk/catalogue/PUB12610>

39. This bar chart shows variation in the provision of personal budgets between 2011-12 and 2012-13. In most local authorities, the proportion of users and carers receiving personal budgets has increased between 2011-12 and 2012-13.

40. There were ten local authorities where the proportion of people receiving a personal budget increased by more than 30 percentage points, demonstrating the possibility of rapid progress against this measure. In contrast, twelve local authorities saw a decrease in the proportion of people receiving a personal budget in 2011/12 and 2012/13. These local authorities can be found in Annex E¹⁴.

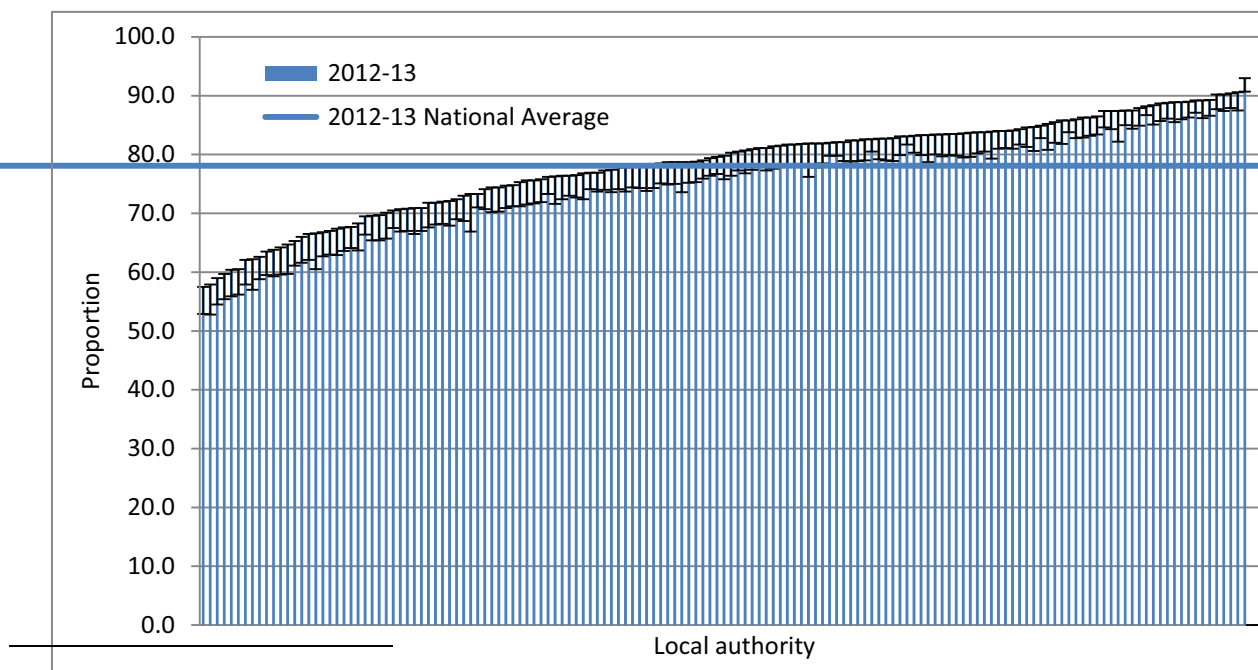
41. In Richmond upon Thames, Nottinghamshire and Islington the proportion of those receiving personal budgets was over 90%, however in Somerset and Swindon, personal budgets were provided to fewer than a quarter of people who receive community based services in their area¹⁵.

I feel safe and secure

42. The Government's aim is to prevent and reduce the risk of adults with care and support needs from experiencing abuse or neglect. All adult social care users, many of whom will be vulnerable, should feel safe and secure.

43. At the national level, in 2012/13 there has been a small but encouraging increase in the proportion of adult social care users who say that the services that they receive have made them feel safe and secure, from 75.5% in 2011/12 to 78.1% in 2012/13.

Figure 9: Proportion of people who used services that said that those services have made them feel safe and secure¹⁶, by local authority



¹⁴ Findings based on interim data, as published by the HSCIC in November

¹⁵ Findings based on interim data, as published by the HSCIC in November

¹⁶ The score for each local authority against this measure can be found at: <http://www.hscic.gov.uk/catalogue/PUB12610>

44. However, performance continues to vary significantly between local areas. Figure 9 shows the proportion of people who said that their care and support has contributed to making them feel safe and secure, by local authority in 2012-13. There are a range of factors that are likely to impact on how safe and secure people feel, many of which will not be within the control of the local authority. However, the marked variation in this measure at a local level highlights the need for local enquiry into the causes of this, and, if necessary, further action.

Our vision for adult social care

45. The Care Bill will ensure that people's well-being, and the outcomes which matter most to them, will be at the heart of every decision they make. It will also provide a new focus on preventing and delaying needs for care and support, and takes a historic step for carers by putting them on the same footing as those they care for. In providing robust, nationally comparable information on the outcomes and experiences of local people, the ASCOF will be integral to both tracking progress in improvements of adult social care services, and continuing to reflect the direction for the future of adult social care.

The 2014/15 Adult Social Care Outcomes Framework

46. The ASCOF is kept under permanent review and is refreshed every year. The content of the framework is co-produced by the Department of Health, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA). In reviewing and developing the framework, we continue to be mindful of the reporting burden placed on councils. This has been made explicit in the revised inclusion criteria for the ASCOF for 2014/15.
47. This section outlines how each of the four domains of the ASCOF have been updated for 2014/15. Further detail on the technical definitions of the measures will be made available in the Handbook of Definitions for 2014/15, which will be published in the spring.
48. Over the last year, the development of the ASCOF has taken place within the context of a new set of design principles for the framework, which reflect the changing role of local authorities in the care and support system. These new principles will ensure that the design and content of the framework continues to respond to the transformation of social care. These principles have been developed and agreed with local government and have resulted in some changes to the inclusion criteria for new measures in the framework. The changes are discussed in more detail below.
49. The ASCOF for 2013/14, published in November 2012, included a number of placeholders, which represented acknowledged gaps in its coverage due to the lack of an appropriate data source. Development of these placeholders has been a key focus over the last year, as have efforts to ensure that the ASCOF continues to support the Department's priorities and vision for adult social care, as set out in the Care and Support White Paper¹⁷ and the Care Bill¹⁸.

The zero-based review of adult social care data collections

50. Since November 2010, the Health and Social Care Information Centre (HSCIC) has led a 'zero-based review' (ZBR) of adult social care data collections from local authorities. The objective of the review was to ensure that the information we collect

¹⁷ Caring for our future: reforming care and support, published by the Department of Health in July 2012 (<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>)

¹⁸ Progress of the Care Bill can be seen at <http://services.parliament.uk/bills/2013-14/care.html>

nationally reflects the changing face of adult social care – keeping pace with the transformation of care towards more personalised, preventative forms of support. This review has actively supported the development of the ASCOF for 2014/15 and beyond.

51. In September 2012, the HSCIC announced the first set of changes to data collections as a result of the zero-based review¹⁹. This included a new safeguarding collection, for implementation in 2013/14, and changes to the existing Deprivation of Liberty Safeguards collection. In May 2013, the HSCIC announced the second set of changes – new collections for Finance and Short and Long-Term Support, both drawing on a new equalities and classification framework²⁰.
52. The implementation of the new data sets has supported the revision of existing ASCOF measure 1C (self-directed support and direct payments) for 2014/15, and also the implementation of a new reablement measure, 2D (the outcome of short-term services). These changes are outlined in further detail below.
53. The extent to which implementation of the proposals of the ZBR will further support the development of the ASCOF will continue to be explored with local government. This work is described in more detail under ‘Next Steps’.

The Care Bill

54. The Care Bill will ensure that each person receiving care and support is placed at the very centre of those services, at the heart of every decision that is made about them. It will ensure that there is a renewed focus on preventing or delaying people from needing care and support, rather than interventions only being made when someone reaches crisis point.
55. A key driver of the development of the ASCOF for 2014/15 has been to ensure that, as far as possible, it continues to support the Department’s priorities for social care, as set out in the Care Bill, which includes supporting people to maintain their independence and their connections to the community, and ensuring that everyone has control over the care they receive.

Alignment with the NHS and Public Health Outcomes Frameworks

56. The Department remains committed to improving alignment between the ASCOF and the Public Health and NHS Outcomes Frameworks, in recognition of the joint contribution of health and social care to improving outcomes. The three frameworks

¹⁹ <http://www.hscic.gov.uk/socialcarecollections2013>

²⁰ <http://www.hscic.gov.uk/socialcarecollections2013>

continue to contain a number of shared and complementary measures²¹, and for 2014/15, a new complementary measure of people's experience of integrated care is included in the ASCOF and the NHS Outcomes Framework. The Department also remains committed to pursuing the development of a population-based measure of loneliness for both the ASCOF and the Public Health Outcomes Framework, in recognition of the key role both adult social care services and public health services have to play in reducing loneliness.

Inclusion criteria for ASCOF measures

57. As outlined above, this year a new set of design principles were agreed between the Department and local government to guide the future development of the framework. These principles will help ensure that the ASCOF continues to support improvement in the outcomes and experiences of people who use care and support, and carers. A number of guiding principles have been agreed for the development of the 2014/15 ASCOF and beyond. These are:

- Development of the ASCOF will include a renewed focus on measures which capture the effectiveness of joint working by local partners, and so support and promote the provision of more integrated services.
- National-only measures will be considered for inclusion in the framework on a case-by-case basis, assessed using criteria outlined below.
- Where appropriate, development will continue to seek to align the framework more closely with the NHS and Public Health Outcomes Frameworks.

58. These guiding principles have meant some changes have been made to the inclusion criteria for the ASCOF for 2014/15. All measures have been tested against the following revised criteria, to assess their suitability for inclusion in the framework:

- Relevant and meaningful to the public – measures should be intelligible and reflect what matters to people
- Influenced by social care – measures must be relevant to councils' adult social care functions, including effective joint working with local partners
- Can be compared between local areas over time (with the exception of national-only measures) – measures must be consistent to promote transparency

²¹ A measure is shared when the same measure appears in more than one framework. A measure is complementary when a similar measure, addressing the same issue, features in more than one of the frameworks.

- A measure of a social care-related outcomes, or consistent with an outcomes focus
- A robust measure – data used to populate the measure are statistically robust and the measure does not create perverse incentives
- Supported by evidence – evidence exists that suggests there are cost effective interventions that would have a positive impact on the measure
- Disaggregable by equalities – measures should be able to be broken down to support a focus on equalities
- New burdens – where new burdens are created, these will be estimated and funded by the Department of Health
- National measures – must meet all the above criteria, as well as:
 - Local authorities have local (or regional) level information available against which to compare themselves to the national picture;
 - The measure would help inform national policy development; and,
 - There is consensus that the outcome is sufficiently significant that its omission from the framework on the grounds of a lack of local-level data is not justifiable.

Domain One: Ensuring quality of life for people with care and support needs

1 Enhancing quality of life for people with care and support needs

Overarching measure

1A. Social care-related quality of life ** (NHSOF 2)

Outcome measures

People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.

1B. Proportion of people who use services who have control over their daily life

New definition for 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

Carers can balance their caring roles and maintain their desired quality of life.

1D. Carer-reported quality of life ** (NHSOF 2.4)

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

1E. Proportion of adults with a learning disability in paid employment ** (PHOF 1.8, NHSOF 2.2)

1F. Proportion of adults in contact with secondary mental health services in paid employment ** (PHOF 1.8, NHSOF 2.5)

1G. Proportion of adults with a learning disability who live in their own home or with their family * (PHOF 1.6)

1H. Proportion of adults in contact with secondary mental health services living independently, with or without support * (PHOF 1.6)

1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. * (PHOF 1.18)

Personalisation – measure 1C

59. The Department remains committed that everyone eligible for long-term, community-based care should be provided with a personal budget, preferably as a direct payment. In the future, the Care Bill sets out that everyone needing care and support will have a personal budget as part of their care and support plan, or support plan.
60. Last year, the Department committed to revise the definition of 1C, *‘the proportion of people using social care who receive self-directed support, and those receiving direct payments’*, in recognition that the current definition meant that its scope included some services and users of care and support for whom self-directed support may not be appropriate.
61. The revision to this measure was dependent on the implementation of the new Short and Long-Term Care (SALT) data collection, which was announced by the

HSCIC in May, and will be implemented by all local authorities for 2014/15²². This has enabled the changes to measure 1C for 2014/15, which were outlined in the 2013/14 ASCOF.

62. These changes will ensure that measure 1C better reflects the success of councils in delivering personalised care and support.

63. The changes to measure 1C for 2014/15 include:

- Limiting the scope of 1C to people who receive long-term support, for whom self-directed support is most relevant;
- Replacing the existing measure 1C with two measures: one which focuses on users, and another which focuses on carers, showing progress made on personalisation for users and carers separately;
- Each of these measures will have a sub-measure for users/carers in receipt of direct payments; and,
- The measure will be based on 'snapshot' rather than full-year data, to better reflect the progress made on personalisation at the end of the year.

64. The technical definition of measure 1C for 2014/15, including a worked example, will be published in the Handbook of Definitions in the spring.

Personal Outcomes

65. The Care and Support White Paper outlines the need to ensure that care and support services respond to people's needs and the personal outcomes they want to achieve. The consultation on the zero-based review included a proposal to test the feasibility of developing a national measure of just this - the proportion of people in receipt of long-term support who report that they have been able to achieve their personal goals. The responses to the consultation were broadly supportive of this proposal, but did highlight the challenges around the practicalities of capturing this information.

66. Earlier this year, the Department commissioned research by the Quality and Outcomes Research Unit²³ to identify:

- Whether developing a measure of personal goals would be achievable via a postal survey (on which survey-measures in the ASCOF rely); and,
- Whether the inclusion of a measure on personal outcomes in the ASCOF would add further value beyond the existing measures.

²² <http://www.hscic.gov.uk/socialcarecollections2015>

²³ <http://www.uhb.nhs.uk/quoru.htm>

67. This research identified, consistent with the findings of local authorities which have led work in this area, that it would be very challenging to capture this information via a postal survey. The research concluded that a longitudinal survey of clients, which would be most effective if delivered face-to-face, would be the most appropriate route for capturing this information. The researchers also concluded that it is possible that questions developed for this purpose would be similar to questions already included in the Adult Social Care Survey. In addition, further work would be required to establish whether a personal outcomes approach would yield different information to current measures in the framework.

68. The Department has therefore agreed with local government not to pursue a national measure of self-reported achievement of personal goals, in recognition of the significant challenges and resource requirements associated, and in the absence of assurance that the measure would add significant value to the framework.

69. Although a national measure will not be pursued at this time, local authorities may wish to consider the development of local measures, which support them to track progress in supporting people to achieve their personal goals. QORU's research has been published²⁴, and may be helpful to local authorities which are looking to develop a methodology to collect this type of information.

A population-based measure of loneliness

70. The Care and Support White Paper²⁵ committed to pursue the development of measures of loneliness and social isolation for inclusion in the ASCOF and Public Health Outcomes Framework (PHOF), in recognition of the clear link between loneliness and poor mental and physical health.

71. As a significant first-step towards achieving this, the 2013/14 ASCOF included a new measure of social isolation, shared with a placeholder in the PHOF. This measure remains in the ASCOF for 2014/15 and draws on self-reported levels of social contact as a measure of social isolation.

72. There are recognised limitations to this measure:

- This measure is of the users of adult social care services and carers only. However, the problems of loneliness and social isolation are not limited to these groups, and all parts of the health and care system have a role to play in preventing and reducing social isolation and loneliness in the broader

²⁴ <http://www.qoru.ac.uk/wp-content/uploads/2013/10/Personal-Outcomes-report-October-PSSRU.pdf>

²⁵ Caring for our future: reforming care and support, published by the Department of Health in July 2012 (<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>)

population; and,

- Social isolation can only be considered a proxy for loneliness.

73. Work has therefore been taken forward to develop a population-based measure of loneliness, for inclusion in both the PHOF and the ASCOF, and an assessment has been made of the survey vehicles available to capture information on people's reported experience of loneliness. Whilst it has not been possible to develop a new measure of loneliness for the 2014/15 framework, this work will continue over the next year, with a view to including a new measure in the ASCOF in the future.

74. This measure is proposed to be shared with the PHOF, in recognition that a council's public health services play a key role in improving outcomes in this area. However, it is also recognised that there are a number of other factors, many outside the control of local government, which may impact on a person's self-reported level of loneliness. The presentation of any new measure in the ASCOF would need to reflect this; for example it has been proposed that any new measure of population-based loneliness could sit as a sub-measure under the existing social isolation measure, 11.

Future developments

Identifying the impact of adult social care

75. The over-arching measure in Domain One is 'social care related quality of life', which is a composite measure drawn from a number of responses to the Adult Social Care Survey. The overall quality of life measure brings together people's experience of eight outcomes related to social care into a single measure²⁶. This is a key high-level measure, which reflects the achievement of outcomes as reported by people who use services,

76. However, whilst this measure tells us about outcomes for social care users, it does not isolate the impact that care and support services have on those outcomes. The Department has commissioned research from the Quality and Outcomes of Person Centred Care Policy Research Unit²⁷ to identify whether there is a way in which we could isolate the impact of adult social care on people's reported quality of life. A number of local authorities are supporting this research, which at present is collecting information through interviews with users and carers. Analysis will be undertaken next year, with a final report in the autumn of 2014. If successful, this

²⁶ The ASCOT[™] (Adult Social Care Outcomes Toolkit) measure (1A) is designed to capture information about an individual's social care-related quality of life. The ASCOT is also the source for the questions in the Adult Social Care Survey. Users wishing to make commercial use of any of the ASCOT materials should contact the ASCOT team (ascot@kent.ac.uk), who will then be put into contact with Kent Innovation and Enterprise, as people need to register to use the ASCOT. Also see <http://www.pssru.ac.uk/ascot/>.

²⁷ <http://www.lse.ac.uk/LSEHealthAndSocialCare/aboutUs/PSSRU/home.aspx>

work may allow us to develop a new or additional measure for the ASCOF of the specific impact of adult social services on people's quality of life.

Social isolation

77. The calculation of the social isolation measure 1I will change from 2014/15. Previously, this measure combined user survey data with the most recent value from the Carers Survey data (as the Carers Surveys is currently a biennial collection). However, from 2014/15, this measure will be calculated for carers and users separately, to increase the usefulness of this data locally. Further detail will be published in the Handbook of Definitions in the spring.

Domain Two: Delaying and reducing the need for care and support

2	Delaying and reducing the need for care and support
Overarching measures	
2A. Permanent admissions to residential and nursing care homes, per 100,000 population	
Outcome measures	
Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.	
Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.	
2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services * (NHSOF 3.6i-ii)	
New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.	
Placeholder 2E: The effectiveness of reablement services	
When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.	
2C. Delayed transfers of care from hospital, and those which are attributable to adult social care	
Placeholder 2F: Dementia – A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** (NHSOF 2.6ii)	

78. The development of this domain has been dependent on the implementation of the zero-based review, as previously the placeholders in Domain Two reflected both the difficulty in articulating measures about reducing and delaying the need for care and support in the context of adult social care, but also the paucity of data available to support measures in this area. This area was a particular focus of the zero-based review. As a result, in 2013/14 a new measure on the success of short-term services was included in the framework, for implementation once the required data set was implemented as a result of the zero-based review.

Supporting recovery and regaining independence

79. Measure 2D, 'the outcome of short-term service: sequel to service', is a live measure in the ASCOF from 2014/15, following the announcement of the proposals of the ZBR, and implementation of the new SALT collection from 1 April 2014²⁸. This measure reflects the proportion of those people who received short-term services to maximise independence (often described as reablement or rehabilitation services) during the year, where no further request was made for on-going support.

²⁸ <http://www.hscic.gov.uk/socialcarecollections2013>

Since the aim of short-term services is to re-able people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term services that result in no further need for services. The detailed definition of measure 2D will be provided in the ASCOF Handbook of Definitions, which is due to be published in the spring.

80. The development work undertaken as part of the zero-based review, and the implementation of measure 2D, is a significant step forward in capturing the effectiveness of reablement and rehabilitation services. However, it was recognised in the 2013/14 ASCOF that a second measure would be beneficial to support interpretation of measure 2D, and to understand whether there are any unintended consequences of the decision to provide no further services. This was reflected through the addition of a new placeholder, 2E, on the effectiveness of reablement services.
81. Having worked with local government to identify the range of potential measures that could fulfil this role, it has been agreed that it would be most desirable to include a measure which asks those in receipt of short term services about their outcomes, and/or the quality of services they received. This would require the development of a new survey. In addition to being a source of information for any new ASCOF measure, a survey of short term services users would also provide a valuable source of information to commissioners locally, to aid service improvement more broadly. A new survey of short-term service users would therefore ensure that the views of this group are captured.
82. The development of a survey of this type would be a considerable challenge, and the feasibility of this will be tested over the course of the next year. If implemented, such a survey would have new burdens, which would need to be minimised as far as possible, fully assessed and funded by the Department.
83. It is envisaged that the survey would be used to make an assessment of outcomes and the quality of short-term services received by service users. If implemented, Domain Two would be reviewed to identify whether it can be further strengthened with measures drawn from the survey.

Dementia

84. The Prime Minister's 'Challenge on Dementia', launched in March last year, set out a renewed ambition to secure greater improvements in care for people with Dementia²⁹. To reflect that improved outcomes for people with dementia is a top priority for the Department, a shared placeholder was therefore added to the

²⁹ <http://dementiachallenge.dh.gov.uk/>

ASCOF and the NHS Outcomes Framework in 2013/14. This placeholder signalled the intent of both frameworks to develop a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with Dementia. The inclusion of the placeholder in both frameworks reflected the paramount importance of this outcome across both adult social care and the NHS, and the need for integrated working locally.

85. The NHS Outcomes Framework has commissioned research to explore an approach for this measure, based on asking users via a face-to-face survey about their quality of life. This research will not be completed until next year and, if successful, further work will be required to identify whether this methodology would support robust comparisons at the local level.
86. Whilst this research is underway, further work has taken place to identify the range of outcomes we would expect for people with Dementia, and their carers, as a result of local authority services, with a view to pursuing the development of additional or alternative measures for the ASCOF. The work to date suggests an approach using a “bundle” of measures might be appropriate, which together will provide a picture of the success of adult social care services in improving outcomes for people with Dementia. It is likely that one or more of these would be a national-only measure.
87. Over the next year, development work will be taken forward on the following areas, alongside a review of further options and continued close working with the NHS OF:
- Developing a sub-measure of 2A, ‘Permanent admissions to residential and nursing care homes’, for people with a primary support reason of ‘memory and cognition’, of which a large number will have dementia.
 - Developing a measure drawing on GP records, to establish what proportion of people with dementia live at home;
 - Report the NHS Outcomes Framework quality of life measure at a national level if a local measure cannot be developed; and
 - Drawing on the Carers Survey to report, at a national level, key outcomes for carers of people with dementia.
88. In recognition of the breadth of dementia measures being considered for inclusion in a future ASCOF, the placeholder 2F has now been classed as complementary with the NHS OF measure 2.6ii.

Future developments

89. Developing further measures of the effectiveness of preventative services remains a key priority for the ASCOF. The lack of measures in this area reflects the challenge of collecting information on the success of social care services in preventing/delaying people from requiring further care and support services.
90. A review of the type of preventative services offered by local authorities’ social care

services and the associated expected outcomes has taken place over the last year. Some of the outcomes identified are already measured in the ASCOF, for example improved quality of life and access to information, although these only cover those in receipt of care, as opposed to those people who have approached a local authority and are sign-posted towards other available sources of support. Two key areas have been earmarked for further development. These are:

- The number of people in receipt of services who are admitted to long-term support; and,
- Access to information and advice for all those that come into contact with social services – not just those in receipt of care.

91. It is recognised however, that there are a range of outcomes that preventative services aim to achieve, and whilst work will take place to develop measures in these proposed areas of focus, this won't exclude the scoping of further options in the development of the 2015/16 framework and beyond.

Domain Three: Ensuring that people have a positive experience of care and support

3

Ensuring that people have a positive experience of care and support

Overarching measure

People who use social care and their carers are satisfied with their experience of care and support services.

3A. Overall satisfaction of people who use services with their care and support

3B. Overall satisfaction of carers with social services

New measure for 2014/15: 3E. Improving people's experience of integrated care ** (NHS OF 4.9)

Outcome measures

Carers feel that they are respected as equal partners throughout the care process.

3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

3D. The proportion of people who use services and carers who find it easy to find information about support

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

This information can be taken from the Adult Social Care Survey and used for analysis at the local level.

Integration

92. In response to findings of the NHS Future Forum that too often patients and users experience fragmented services, failures in communication and poor transitions between services, the Care and Support White Paper restated the Department's commitment to measure and understand people's experience of integrated care³⁰.

93. The focus for the development of this measure was that it should capture what is important to the public in experiencing integrated care – which patients and people who use care and support have defined to be 'person-centred coordinated care'³¹. In January 2013, the Department commissioned an options appraisal, which recommended that a set of new questions be developed and inserted into existing patient and service user surveys. Following this, work to identify and develop

³⁰ Caring for our future: reforming care and support, published by the Department of Health in July 2012 (<https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>)

³¹ National Voices narrative: *A Narrative for Person-Centred Coordinated Care* (National Voices, 2013), available online at: <http://www.england.nhs.uk/wp-content/uploads/2013/05/nv-narrative-cc.pdf>.

appropriate questions was commissioned from the Picker Institute and the University of Oxford, which was conducted over the summer³². Eighteen questions were proposed as potential candidates for insertion into up to seven surveys³³.

94. The Department subsequently worked with a number of stakeholders, including local government and the Association of Directors of Adult Social Services, to shortlist questions that could support an ASCOF measure of integrated care. These questions will now undergo further cognitive testing as part of the Adult Social Care Survey (ASCS) and Carers Survey (CS). Depending on the outcome of this testing, the questions may undergo further refinement and change, and not all questions will necessarily be included in both the ASCS and CS.
95. This cognitive testing is scheduled to take place in the winter of 2013, and further work to agree the form a new ASCOF measure and the definition will take place in collaboration with local government early next year. This measure will be complementary with an NHSOF measure of integrated care. In principle, it has been agreed that, although there should be some commonality between the two measures, they need not be exactly the same. An update on the progress of this development will be included in the Handbook of Definitions in the spring, and the final definition of this measure will be included in the handbook in the autumn of 2014.
96. Whilst the work to develop a measure of integrated care is on-going, it is due for completion in time for the inclusion of new questions in the 2014/15 Adult Social Care Survey and Carers Survey. As such, the placeholder 3E on people's experience of integrated care has been replaced by a live measure for 2014/15.

Future developments

Information about services

97. The calculation of measure 3D, the proportion of people who use services and carers who find it easy to find information about services, will change from 2014/15. Previously, this measure combined user survey data with the most recent value from the Carers Survey data (as the Carers Survey is currently a biennial collection). However, from 2014/15, this measure will be calculated for carers and users separately, to increase the ease of interpretation of this measure and the usefulness of this data locally. Further detail will be published in the Handbook of Definitions in the spring.

³² This report is currently undergoing peer review and will be published shortly. Gibbons E, Graham C, King J, Walsh J, *Developing measures of people's self-reported experiences of integrated care*.

³³ GP Patient Survey, NHS Inpatients Survey, VOICES national bereavement survey, Community Mental Health survey, National Cancer survey, Personal social services carers survey and Personal social services adult social care survey.

Domain Four: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

4

Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Overarching measure

4A. The proportion of people who use services who feel safe ** (PHOF 1.19)

Outcome measures

Everyone enjoys physical safety and feels secure.

People are free from physical and emotional abuse, harassment, neglect and self-harm.

People are protected as far as possible from avoidable harm, disease and injuries.

People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4B. The proportion of people who use services who say that those services have made them feel safe and secure

Placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe

98. The Government's ambition is to prevent and reduce the risk of adults with care and support needs from experiencing abuse or neglect. The area of safeguarding therefore remains one of the core priorities of adult social care, and remains a key area of priority for the ASCOF. However, there are significant challenges associated with capturing this type of outcomes information.

99. A new placeholder was added to this Domain in 2013/14, on measuring the number of completed safeguarding referrals where service users reported that they felt safe. A consultation on this proposed measure highlighted concerns about how this information could be collected in a robust and comparable way, demonstrating that piloting of any approach would be required.

100. The Health and Social Care Information Centre has since been commissioned by the Department to work with local government to develop a set of questions and a methodology for collecting this information. These questions will be developed and cognitively tested over the next few months, and the methodology will be piloted within a number of councils next year. If this pilot is successful, the ambition is for the collection to be rolled out nationally, and for this placeholder to become a live measure in the ASCOF.

101. In the first instance, it is proposed that any new collection will support a national-only measure in the ASCOF, as the sample size in some authorities is likely to be too small to enable robust comparison at local level. The Department is working with the HSCIC to identify ways in which the local results could be shared with councils, to provide them with as much information as possible to benchmark

their own performance and improve their safeguarding services. The survey would also provide an opportunity for local authorities to gather information to inform the improvement of services locally.

102. If you would like any further information on this work, or are a local authority who would like to be involved in the pilot of this measure, please contact:
safe.guarding1@hscic.gov.uk

Next steps

103. The ASCOF is the key mechanism by which the Government sets national priorities for social care, and measures national progress against these priorities. To ensure that the ASCOF continues to reflect these priorities and evolves alongside the transforming health and care system, the framework remains under permanent review. Over the next year, the Department will work closely with local government to ensure the continued focus of the framework on measuring the success of the adult social care system in delivering high quality care and support. This will be achieved via:

- Working with local government to ensure that the ASCOF evolves to reflect the changing care and support system, including the changes which, subject to Parliamentary approval, will be provided for in the forthcoming Care Act.
- Reviewing the potential of the new data collections for adult social care in supporting the development of new measures in the ASCOF.
- Continuing to further align the outcomes frameworks across the NHS, public health and adult social care, through the development of shared and complementary measures.
- Working to ensure that the ASCOF continues to align with other supports to quality in the system, including NICE Quality Standards and the CQC fundamental standards of care.
- Working to develop the placeholders in the ASCOF, with a view to strengthening the framework through the addition of new measures in future years.

Annex A – Adult Social Care Outcomes Framework 2014/15 – at a glance

Adult Social Care Outcomes Framework 2014/15

At a glance

<p>1 Enhancing quality of life for people with care and support needs</p> <p>Overarching measure</p> <p>1A. Social care-related quality of life** (NHSOF 2)</p> <p>Outcome measures</p> <p>People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.</p> <p>1B. Proportion of people who use services who have control over their daily life</p> <p>New definition for 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments</p> <p>Carers can balance their caring roles and maintain their desired quality of life.</p> <p>1D. Caree-reported quality of life** (NHSOF 2.4)</p> <p>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.</p> <p>1E. Proportion of adults with a learning disability in paid employment** (PHOF 1.8, NHSOF 2.2)</p> <p>1F. Proportion of adults in contact with secondary mental health services in paid employment*** (PHOF 1.8, NHSOF 2.5)</p> <p>1G. Proportion of adults with a learning disability who live in their own home or with their family* (PHOF 1.8)</p> <p>1H. Proportion of adults in contact with secondary mental health services living independently, with or without support* (PHOF 1.6)</p> <p>1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.* (PHOF 1.18)</p>	<p>2 Delaying and reducing the need for care and support</p> <p>Overarching measures</p> <p>2A. Permanent admissions to residential and nursing care homes, per 100,000 population</p> <p>Outcome measures</p> <p>Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.</p> <p>Earlier diagnosis, intervention and rehabilitation means that people and their carers are less dependent on intensive services.</p> <p>2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services** (NHSOF 3.6,ii)</p> <p>New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.</p> <p>Placeholder 2E: The effectiveness of rehabilitation services</p> <p>When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.</p> <p>2C. Delayed transfers of care from hospital, and those which are attributable to adult social care</p> <p>Placeholder 2F: Dementia – A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** (NHSOF 1.6ii)</p>
<p>3 Ensuring that people have a positive experience of care and support</p> <p>Overarching measure</p> <p>People who use social care and their carers are satisfied with their experience of care and support services.</p> <p>3A. Overall satisfaction of people who use services with their care and support</p> <p>3B. Overall satisfaction of carers with social services</p> <p>New measure for 2014/15: 3E. Improving people's experience of integrated care** (NHSOF 4.8)</p> <p>Outcome measures</p> <p>Carers feel that they are respected as equal partners throughout the care process.</p> <p>3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.</p> <p>3D. The proportion of people who use services and carers who find it easy to find information about support.</p> <p>People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.</p> <p>This information can be taken from the Adult Social Care Survey and used for analysis at the local level.</p>	<p>4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</p> <p>Overarching measure</p> <p>4A. The proportion of people who use services who feel safe** (PHOF 1.19)</p> <p>Outcome measures</p> <p>Everyone enjoys physical safety and feels secure.</p> <p>People are free from physical and emotional abuse, harassment, neglect and self-harm.</p> <p>People are protected as far as possible from avoidable harm, disease and injuries.</p> <p>People are supported to plan ahead and have the freedom to manage risks the way that they wish.</p> <p>4B. The proportion of people who use services who say that those services have made them feel safe and secure</p> <p>Placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe</p> <p>Aligning across the Health and Care System</p> <p>* Indicator shared</p> <p>** Indicator complementary</p> <p>Shared indicators: The same indicator is included in another outcomes framework, reflecting a shared role in making progress</p> <p>Complementary indicators: A similar indicator is included in another outcomes framework and these look at the same issue</p>

Annex B – NHS Outcomes Framework 2014/15 – at a glance

<p>1 Preventing people from dying prematurely</p> <p>Overarching indicators</p> <p>1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults ii Children and young people 1b Life expectancy at 75 i Males ii Females</p> <p>Improvement areas</p> <p>Reducing premature mortality from the major causes of death 1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*) 1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*) 1.3 Under 75 mortality rate from liver disease (PHOF 4.8*) 1.4 Under 75 mortality rate from cancer (PHOF 4.5*) i One- and ii Five-year survival from all cancers iii One- and iv Five-year survival from breast, lung and colorectal cancer</p> <p>Reducing premature death in people with serious mental illness 1.5 Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9*)</p> <p>Reducing deaths in babies and young children 1.6 Infant mortality (PHOF 4.1*) ii Neonatal mortality and stillbirths iii Five year survival from all cancers in children</p> <p>Reducing premature death in people with a learning disability 1.7 Excess under 60 mortality rate in adults with a learning disability</p>	<p>3 Helping people to recover from episodes of ill health or following injury</p> <p>Overarching indicators</p> <p>3a Emergency admissions for acute conditions that should not usually require hospital admission 3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)</p> <p>Improvement areas</p> <p>Improving outcomes from planned treatments 3.1 Total health gain as assessed by patients for elective procedures i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins v Psychological therapies</p> <p>Preventing lower respiratory tract infections (LRTI) in children from becoming serious 3.2 Emergency admissions for children with LRTI</p> <p>Improving recovery from injuries and trauma 3.3 Survival from major trauma</p> <p>Improving recovery from stroke 3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months</p> <p>Improving recovery from fragility fractures 3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at 30 and ii 120 days</p> <p>Helping older people to recover their independence after illness or injury 3.6 Proportion of older people (65 and over), who were still at home 91 days after discharge from hospital into reablement/rehabilitation service (ASCOF 2B1*) ii Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF 2B2*)</p>	<p>4 Ensuring that people have a positive experience of care</p> <p>Overarching indicators</p> <p>4a Patient experience of primary care i GP services ii GP Out-of-hours services iii NHS dental services 4b Patient experience of hospital care 4c Friends and family test</p> <p>Improvement areas</p> <p>Improving people's experience of outpatient care 4.1 Patient experience of outpatient services</p> <p>Improving hospitals' responsiveness to personal needs 4.2 Responsiveness to in-patients' personal needs</p> <p>Improving people's experience of accident and emergency services 4.3 Patient experience of A&E services</p> <p>Improving access to primary care services 4.4 Access to i GP services and ii NHS dental services</p> <p>Improving women and their families' experience of maternity services 4.5 Women's experience of maternity services</p> <p>Improving the experience of care for people at the end of their lives 4.6 Bereaved carers' views on the quality of care in the last 3 months of life</p> <p>Improving experience of healthcare for people with mental illness 4.7 Patient experience of community mental health services</p> <p>Improving children and young people's experience of healthcare 4.8 Children and young people's experience of outpatient services</p> <p>Improving people's experience of integrated care 4.9 People's experience of integrated care (ASCOF 3E**)</p>	<p>2 Enhancing quality of life for people with long-term conditions</p> <p>Overarching indicator</p> <p>2 Health-related quality of life for people with long-term conditions (ASCOF 1A**)</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition 2.1 Proportion of people feeling supported to manage their condition</p> <p>Improving functional ability in people with long-term conditions 2.2 Employment of people with long-term conditions (ASCOF 1E*, PHOF 1.8*)</p> <p>Reducing time spent in hospital by people with long-term conditions 2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s</p> <p>Enhancing quality of life for carers 2.4 Health-related quality of life for carers (ASCOF 1F**)</p> <p>Enhancing quality of life for people with mental illness 2.5 Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**)</p> <p>Enhancing quality of life for people with dementia 2.6 Estimated diagnosis rate for people with dementia (PHOF 4.16*) ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2C**)</p>	<p>NHS Outcomes Framework 2014/15 at a glance</p> <p>Alignment with Adult Social Care Outcomes Framework (ASCOF) and/or Public Health Outcomes Framework (PHOF)</p> <p>* Indicator is shared ** Indicator is complementary</p> <p><i>Indicators in italics are placeholders, pending development or identification</i></p>	<p>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p> <p>Overarching indicators</p> <p>5a Patient safety incidents reported 5b Safety incidents involving severe harm or death 5c Hospital deaths attributable to problems in care</p> <p>Improvement areas</p> <p>Reducing the incidence of avoidable harm 5.1 Deaths from venous thromboembolism (VTE) related events 5.2 Incidence of healthcare associated infection (HCAI) i MRSA ii C. difficile 3.3 Proportion of patients with category 2, 3 and 4 pressure ulcers 3.4 Incidence of medication errors causing serious harm</p> <p>Improving the safety of maternity services 3.5 Admission of full-term babies to neonatal care</p> <p>Delivering safe care to children in acute settings 3.6 Incidence of harm to children due to failure to monitor</p>
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Annex C – Public Health Outcomes Framework 2014/15 – at a glance

Public Health Outcomes Framework 2013-2016

At a glance

Alignment across the Health and Care System
 * Indicator shared with the NHS Outcomes Framework.
 ** Complementary to indicators in the NHS Outcomes Framework
 * Indicator shared with the Adult Social Care Outcomes Framework
 ** Complementary to indicators in the Adult Social Care Outcomes Framework
Indicators in italics are placeholders, pending development or identification

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

Outcome 1 Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
Outcome 2 Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

1 Improving the wider determinants of health

Objective
 Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

- 1.1 Children in poverty
- 1.2 School readiness
- 1.3 Pupil absence
- 1.4 First time entrants to the youth justice system
- 1.5 15-18 year olds not in education, employment or training
- 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation* (ASCOF 1G and 1H)
- 1.7 People in prison who have a mental illness or a significant mental illness
- 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services** (i-NHSOF 2.2) ** (i-ASCOF 1E) ** (i-ASCOF 2.5) ** (i-ASCOF 1F)
- 1.9 Sickness absence rate
- 1.10 Killed and seriously injured casualties on England's roads
- 1.11 Domestic abuse
- 1.12 Violent crime (including sexual violence)
- 1.13 Re-offending levels
- 1.14 The percentage of the population affected by noise
- 1.15 Statutory homelessness
- 1.16 Utilisation of outdoor space for exercise / health reasons
- 1.17 Fuel poverty
- 1.18 Social isolation* (ASCOF 1i)
- 1.19 Older people's perception of community safety** (ASCOF 4A)

2 Health improvement

Objective
 People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- 2.1 Low birth weight of term babies
- 2.2 Breastfeeding
- 2.3 Smoking status at time of delivery
- 2.4 Under 18 conceptions
- 2.5 Child development at 2 - 2.1/2 years
- 2.6 Excess weight in 4-5 and 10-11 year olds
- 2.7 Hospital admission caused by unintentional and deliberate injuries in under 18s
- 2.8 Emotional well-being of looked after children
- 2.9 Smoking prevalence – 15 year olds (Placeholder)
- 2.10 Self-harm
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13 Proportion of physically active and inactive adults
- 2.14 Smoking prevalence – adults (over 18s)
- 2.15 Successful completion of drug treatment
- 2.16 People entering prison with substance dependence issues who are previously not known to community treatment
- 2.17 Recorded diabetes
- 2.18 Alcohol-related admissions to hospital
- 2.19 Cancer diagnosed at stage 1 and 2
- 2.20 Cancer screening coverage
- 2.21 Access to non-cancer screening programmes
- 2.22 Take up of the NHS Health Check programme – by those eligible
- 2.23 Self-reported well-being
- 2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective
 The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

- 3.1 Fraction of mortality attributable to particulate air pollution
- 3.2 Chlamydia diagnoses (15-24 year olds)
- 3.3 Population vaccination coverage
- 3.4 People presenting with HIV at a late stage of infection
- 3.5 Treatment completion for TB
- 3.6 Public sector organisations with board approved sustainable development management plan
- 3.7 Comprehensive, agreed inter-agency plans for responding to public health incidents

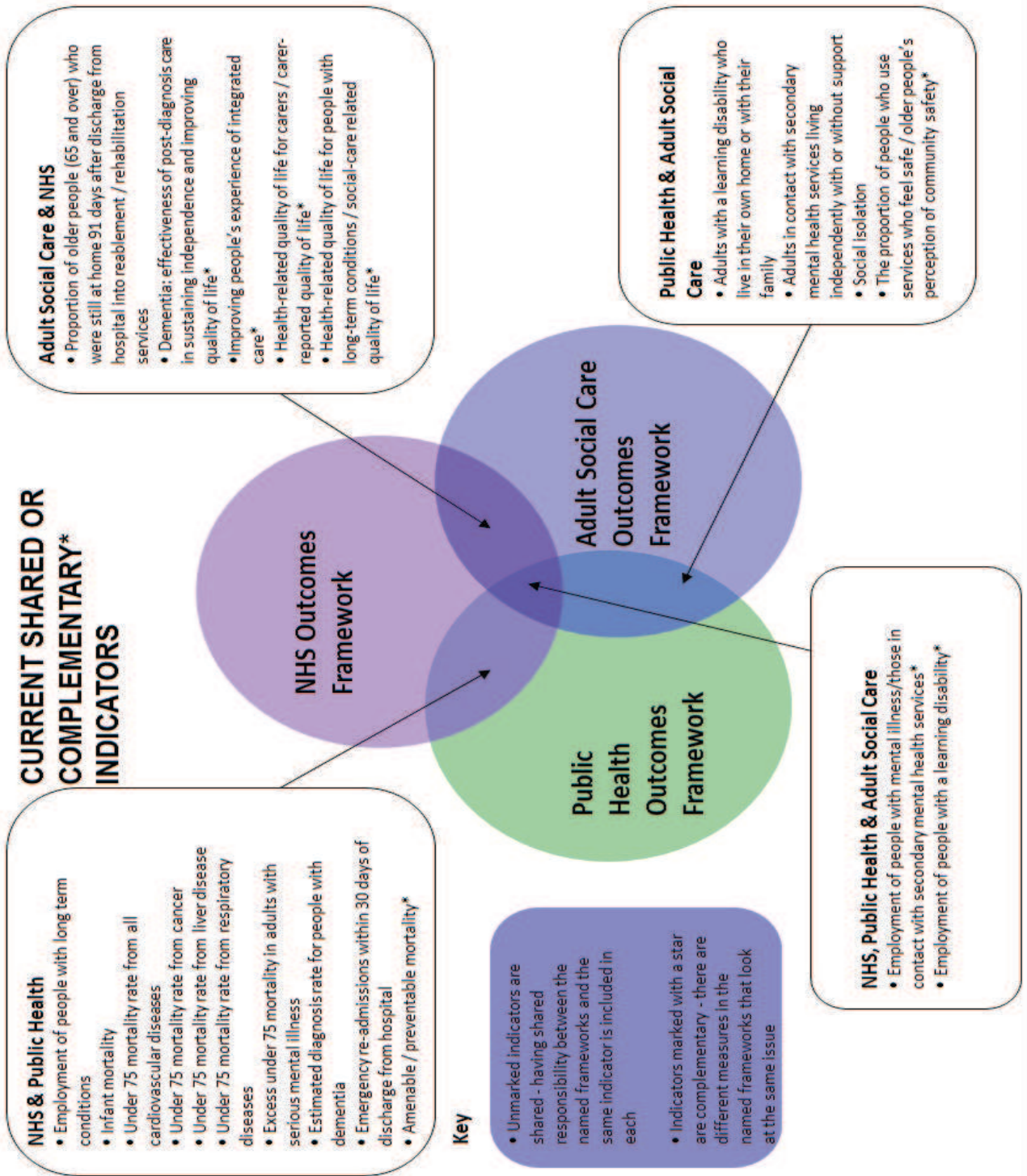
4 Health and ability, health and preventing avoidable mortality

Objective
 Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

- 4.1 Infant mortality* (NHSOF 1.6i)
- 4.2 Tooth decay in children aged 5
- 4.3 Mortality rate from causes considered preventable** (NHSOF 1c)
- 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)** (NHSOF 1.1)
- 4.5 Under 75 mortality rate from cancer* (NHSOF 1.4i)
- 4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3)
- 4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)
- 4.8 Mortality rate from infectious and parasitic diseases
- 4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5)
- 4.10 Suicide rate
- 4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b)
- 4.12 Preventable sight loss
- 4.13 Health-related quality of life for older people
- 4.14 Hip fractures in people aged 65 and over
- 4.15 Excess winter deaths
- 4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.6)

Annex D – Shared and complementary measures in the Health and Social Care Outcomes Frameworks



Annex E – Local authority outcomes

Figure 10: Table of twenty two local authorities that achieved a rate of over 90% of the proportion of older people still at home 91 days after discharge from hospital into reablement/rehabilitation services in in 2012/13³⁴.

Local authorities with a rate of over 90% of people at home 91 days later in 2012/13	
Barking and Dagenham	Medway Towns
Bradford	Milton Keynes
Camden	North East Lincolnshire
Darlington	North Lincolnshire
Derby	Northumberland
Derbyshire	Redcar and Cleveland
Ealing	Slough
Hackney	Tameside
Hounslow	Wandsworth
Islington	West Sussex
Lambeth	Wirral

Figure 11: Local authorities where the proportion of people receiving a personal budget increased by more than 30 percentage points between 2011-12 and 2012-13, and local authorities where the proportion of people receiving a personal budget decreased between 2011-12 and 2012-13³⁵.

Local authorities where the proportion of people receiving a personal budget increased by more than 30 percentage points between 2011-12 and 2012-13	Local authorities where the proportion of people receiving a personal budget decreased between 2011-12 and 2012-13
Derby	Barking and Dagenham
Dudley	Calderdale
Ealing	Cheshire East
Hampshire	Darlington
Hillingdon	Devon
Kent	Essex
Liverpool	Manchester
Newham	Milton Keynes
Sandwell	North Yorkshire
Shropshire	South Tyneside
	St. Helens
	York

³⁴ The score for each local authority against this measure can be found at: <http://www.hscic.gov.uk/catalogue/PUB12610>

³⁵ Findings based on interim data, as published by the HSCIC in November

Agenda Item 8



Meeting: Overview & Scrutiny Board
Council

Date: 19th February 2014
27th February 2014

Wards Affected: All

Report Title: Capital Investment Plan Update - 2013/14 Quarter 3

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1 Purpose

- 1.1 The Council's capital investment plan with its investment in new and existing assets is a key part of delivering the Council's outcomes. This is the third Capital Monitoring report for 2013/14 under the Authority's agreed budget monitoring procedures. It provides high-level information on capital expenditure and funding for the year compared with the latest budget position as reported to Council in December 2013.

2 Proposed Decision

Overview & Scrutiny Board

- 2.1 **That Members note the latest position for the Council's Capital expenditure and income for 2013/14 and make any recommendations to Council.**

Council

- 2.2 **That Council note the latest position for the Council's Capital expenditure and funding for 2013/14.**

3 Reasons for Decision

- 3.1 Quarterly reporting of the Capital Investment Plan to both the Overview and Scrutiny Board and to Council is part of the Council's financial management process.

4 Summary

- 4.1 Members of the Overview and Scrutiny Board and Council receive regular budget monitoring reports on the Council's Capital Investment Plan throughout the year. The Council's four year Capital Investment Plan is updated each quarter through the year. This report is the monitoring report for the third quarter 2013/14 and includes variations arising in this quarter.
- 4.2 Expenditure and commitments to the end of the third quarter is contained in the appendix to this report. A summary of spend to date by funding type is as follows:

Funding Type	Revised Budget 13/14 (Q3)	Spend and commitments to end Quarter Three	Balance Uncommitted
	£m	£m	£m
"Old" Funding	3.3	2.6	0.7
"New" Funding	10.2	7.1	3.1
Prudential Borrowing	4.2	2.3	1.9
Specific Funding	4.2	2.3	1.9
Total 2013/14	21.9	14.3	7.6

- 4.3 The overall funding position of the 4-year Capital Investment Plan Budget of £63.5 million, covering the period 2013/14 – 2016/17, is in balance but still relies upon the generation of a further £5.4m of capital income from capital receipts (£4.9m) and capital contributions (£0.5m) over the life of the Capital Investment Plan. Of this £5.4m, £4.9 million is required from capital receipts before the end of the current Plan period. Of this sum £0.7 million of capital receipts has been received so far this year, leaving a balance of £4.2 million still to be realised. It is only after this target has been reached that any capital receipts can be applied to new schemes.
- 4.4 The Plan also requires a total of £0.5m from capital contributions including Community Infrastructure Levy and S106 developer contributions. In addition to the £0.5m, £2.1m is due to be generated from S106 contributions to part fund the South Devon Link Road. As previously noted, If the South Devon Link Road contributions are not generated then the Council's prudential borrowing requirement for this scheme will be £20m
- 4.5 As the target income for capital receipts and capital contributions are required to meet existing Council commitments, it is important that any capital income raised is allocated to commitments and not used to support additional expenditure on new schemes.

5 Supporting Information

- 5.1 The original capital budget for 2013/14 approved by Council in February 2013 was £25.4 million. That has been subsequently revised for re profiling of expenditure from 2012/13, new schemes and re profiling expenditure to future years. All changes with reasons have either been included in previous monitoring reports, or are detailed in this report.
- 5.2 It should also be noted that re profiling budgets often result from valid project management reasons such as scheme re engineering, further consultations and clarification with users or detailed tendering.
- 5.3 Of the total £63.5 million of the 4 year programme, £21.9 million is currently scheduled to be spent in 2013/14.

6 **Movements in 2013/14 Estimated expenditure**

- 6.1 The movements in the estimate of expenditure in 2013/14 on the Capital Investment Plan between the estimate at Quarter Two of £24.6m and the estimate at Quarter Three of £21.9m, split by the categories of funding, are as follows:

Scheme	Variation in 2013/14	Change £m	Reason
Estimate as at Quarter One – July 2013		24.6	Capital Investment Plan 2013/14 (Report 6 Dec 2013)
“Old” Funding Regime”			
Childrens' projects	Re profiling to 2014/15	(0.3)	Revised profile following review project funds moved to 2014/15 and some reallocation between schemes Minor delays and changes to programme
Barton Primary	Re profiled to 2014/15	(0.3)	
St Margaret Clitherow RC Primary School	Re profiling to 2014/15	(0.1)	
My Place, Parkfield	No further expenditure	(0.1)	
Haldon Pier Structural repair	Re profiling to 2014/15	(0.3)	
		(1.1)	
“New” Funding Regime			
Cockington School expansion	Part of budget transferred	(0.1)	Funding diverted to new Torre Valley North enhancements

	Re profiled to 2014/15	(0.4)	Delays to Start on Site
Roselands Primary School expansion	Re profiled to 2014/15	(0.1)	Scheme budget re-profiled for consultation
Torre CoE Primary expansion	Re profiled to 2014/15	(0.1)	To reflect revised spending
Warberry Primary School expansion	Re profiled to 2014/15	(0.2)	Scheme budget re-profiled to reflect outstanding issues
Whiterock Primary School expansion	Re profiled to 2014/15	(0.1)	Scheme budget re-profiled to reflect phased approach
Flood Defence/Cliff stabilisation (with Env Agency)	2013/14 expenditure delayed	(0.1)	Legal considerations are delaying some works
Riviera Centre renewal	Increased budget	0.1	Additional funding for capital improvements
Transport - Integrated Transport Schemes	Budget adjustments	0.1	Some adjustments of budgets between schemes
		(0.9)	
“New” Ring fenced funding			
Torre Valley North Enhancements	New scheme	0.1	Funding transferred from Childrens Services
Local Sustainable Transport Fund / Western Corridor	Budget adjustments	(0.1)	Some adjustments of budgets between schemes
White Rock Business Park Land swap	New scheme budget	0.3	Acquire land funded from other disposal
Better Bus Grant	Re profiled to 2014/15	(0.3)	Scheme now expected to be complete by June 2014
		0	
Prudential Borrowing			
Beach Chalets Meadfoot	Re profiled to 2014/15	(0.5)	Most expenditure on this scheme now likely in 2014/15
Paignton Velodrome	Re profiled to 2014/15	(0.2)	Delays in scheme progress
		(0.7)	
Estimate – Quarter Three 2013/14		21.9	

7 Expenditure

- 7.1 The Council approved the original 4-year Capital Investment Plan Budget for the period 2012/13 – 2015/16 in February 2012. This plan has been subsequently updated for any further revision to both projects and timing, resulting in the latest revision attached to Annex 1. The Plan now totals £63.5 million over the 4 year period of which £21.9 million relates to 2013/14 and £26.4 million relates to 2014/15.
- 7.2 The purpose of this report and the Monitoring statement attached is to highlight and make recommendations in relation to any existing or potential issues which may affect the delivery of the major projects included in the Plan and to consider any potential effect on corporate resources.
- 7.3 Expenditure to the end of this third quarter was £11.2 million with a further £3.1 million of commitments on the Council's finance system. The expenditure of £11.2 million is 50% of the latest budget for 2013/14. This compares with £11 million (or 58% of outturn) for the third quarter last year and is broadly in line with previous years.

	2009/10 £m - (%)	2010/11 £m - (%)	2011/12 £m - (%)	2012/13 £m - (%)	2013/14 £m (%)
Quarter One	8 – (16%)	10 – (23%)	3 – (14%)	2 – (11%)	4 (18%)
Quarter Two	11 – (22%)	13 – (30%)	7- (32%)	4 – (21%)	4 (18%)
Quarter Three	13 – (27%)	9 – (21%)	5 – (22%)	5 – (26%)	3 (14%)
Quarter Four	17 – (35%)	11 – (26%)	7- (32%)	8 – (42%)	-
Total In Year	49	43	22	19	22

Main Variations & Management Action

8 "New Funding Regime"

8.1 An estimate of funds was identified in the Capital Investment Plan (February 2012) for the four years of the Plan, which was provisionally allocated to a number of "priority" areas.

8.2 The Capital Investment Plan as at 2013/14 Quarter Three shows the approved schemes to the extent that funding has been received or confirmed. Where the value of the approved schemes exceeds the confirmed funding, temporary prudential borrowing has been used pending the future receipt of funds, at which point the funding will be swapped. However if funding is not realised, such as lower than anticipated grant funding, then the Capital Investment Plan will have to be reduced accordingly or alternative sources of funding allocated such as prudential borrowing.

8.3 Scheme Updates:

Cockington Primary School: The expansion of Cockington Primary School is in progress but as a consequence of issues with the adjoining playing field £0.1 million of the scheme budget has been transferred to enhance Torre Valley North. This issue has delayed the start on site and consequently £0.4 million budget has been moved to 2014/15.

Part of the 2013/14 budgets for the Primary School Expansion schemes at Roselands (£0.1 m), Torre CoE (£0.1 m), Warberry (£0.2 m) and Whiterock (£0.1 m) have been transferred to next financial year as a result of various issues arising at each of the projects, as indicated in paragraph 6.1 above.

Flood Defence/Cliff stabilisation – Legal issues surrounding some of the scheduled works have delayed progress, so budget of £0.1 million has been moved to next financial year.

9 "Old Funding Regime"

This section relates to the schemes in the Capital Investment Plan that were allocated to services from capital funding that originated in 2011/12 and earlier financial years.

9.1 Children's Services:

Barton Primary - Minor delays (including bad weather) and changes to the work programme mean that £0.3 million will not now be spent until 2014/15

£0.3 m of funding set aside for Education Review Projects has been rescheduled to 2014/15 as there are currently no definite plans for this funding.

St Margaret Clitherow RC Primary School: The budget allocation has been re profiled to reflect the agreed programme of work which requires that £0.1 m budget can be re-phased to 2014/15.

9.2 Affordable Housing:

The proposed scheme on the former B&Q site in Torre is currently considered unlikely to progress so the future year budgets for this scheme have been transferred back to the Housing Advances to be Allocated 'pot', pending reallocation to other schemes.

9.3 New Growth Points – White Rock Innovation Centre Phase 3

The Mayor, as reported to Council in December 2013, approved that the Council enters into a land swap with Abacus Project Limited. Namely: Council to transfer the PLUSS site at Whiterock in return for the transfer of Abacus Project Limited's site fronting onto Brixham Road. The value of the land being "swapped" is £0.275m and this value has been included in the capital plan.

9.4 Haldon Pier – structural repairs. Proposals for works to the inner face of the pier are now scheduled for Spring/Summer 2014. The procurement process for the works will require the engagement of specialist contractors. The delay in progressing the works requires £0.334 million of the budget is

transferred to 2014/15.

10 **“New” Ring fenced funding**

- 10.1 As mentioned in paragraph 8.3 above, some works are required at Torre Valley North Playing Fields in consequence of the adjacent Cockington Primary School expansion. Consequently a budget of £0.127 million has allocated for this work funded from the previous allocation for Cockington Primary expansion.

11 **Schemes funded from Prudential Borrowing**

- 11.1 Meadfoot Beach Chalets – It is now likely that the bulk of the costs of providing these new facilities will not be achieved until next financial year consequently a further £0.5 million of the budget has been rephased to 2014/15.
- 11.2 Paignton Velodrome – some delays caused by ground conditions which are currently being investigated result in £0.18 million budget transferred to next financial year.

12 **Contingency**

- 12.1 The Capital Investment Plan has a capital contingency. Of this total, £0.5 million is held as resource cover in case anticipated funding from the Local Transport Board, for advance works on improvements to the Western Corridor, does not materialise. This element of the contingency is funded from existing Transport capital resources.

This contingency is still in place to provide for unforeseen emergencies or shortfall in projected income over the 4-year Plan period and represents almost 2% of the total Capital Investment Plan budget. Currently it is not anticipated that the contingency will be required this financial year so the contingency has been moved to future years

13 **Receipts & Funding**

- 13.1 The funding identified for the latest Capital Investment Plan budget is shown in Annex 1. This is based on the latest prediction of capital resources available to fund the budgeted expenditure over the next 4 years. A summary of the funding of the Capital Investment Plan is shown in the Table below:

	2013/14	2014/15	2015/16	2016/17	Total @ Q3 13/14
	A	B	C	D	E
Funding	£m	£m	£m	£m	£m
Supported Borrowing	1	0	0	0	1
Unsupported Borrowing	7	12	8	4	31
Grants	12	11	1	0	24
Contributions	1	0	0	0	1
Reserves	1	1	0	0	2
Revenue	0	1	0	0	1
Capital Receipts	0	1	1	1	3
Total	22	26	10	5	63

Notes to Table:

Column E – reflects the Capital Investment Plan as at Quarter Three 2013/14 and shows the approved schemes to the extent that funding has been received or confirmed. Where the value of the approved schemes exceeds the known funding, temporary prudential borrowing has been used pending the future receipt of funds, at which point the funding will be swapped.

Grants

- 13.2 Capital Grants are the major funding stream (69% in 12/13) for the Council to progress its investment plans. The majority of these grants result from “bid” processes from other public sector bodies.
- 13.3 Since the last Capital Investment Plan Monitoring report which went to Council in December 2013 the Council has been notified of new Government grant allocations as follows:

Department for Communities and Local Government – Disabled Facilities Grants 2014/15 allocation £0.8 million. Note an allocation for 2014/15 has already been made to this service in the quarter two report.

Department for Education – Basic Need allocations 2015/16 and 2016/17 of £2.8 million and £2.9 million respectively. The Council has also received just over £0.1 million to provide facilities linked to Universal Infant Free School Meals for 2014/15. The Basic Need allocation for 2015/16 is £1.7m higher than the 2014/15 allocation, (and £1.7m higher than the Council’s latest estimate). The £2.9m allocation for 2016/17 had not been included in Council forecasts. As this and the Infant Free School Meals grant are un-ringfenced grants, Council will need allocate this funding to services.

DfE has also announced the Schools Capital Maintenance grant allocation for 2014/15 of £0.630 million, which is also an un-ringfenced grant, and Devolved Formula Capital grant for 2014/15 £0.130 million, however this allocation is ringfenced to schools.

Capital Receipts –

- 13.4 Capital receipts in the year to date are £0.7 million. Within the £0.7m is £0.3m for Bench House in Brixham which is part of the funding for the Brixham regeneration project.
- 13.5 This means that the approved Plan as at 1 April 2013 relies upon the future generation of a total of £4.2 million capital receipts from asset sales by the end of 2015/16. These targets are expected to be achieved provided that -
- approved disposals currently “in the pipeline” are completed
 - the Council continues with its disposal policy for surplus and underused assets and,
 - no new (or amended) schemes are brought forward that rely on the use of capital receipts for funding.
- 13.6 Of the receipts expected £0.8 million is in relation to the Tesco development at Brixham, £1m from the Oldway Development and a significant sum is expected for the disposal of the old Paignton Library site. For all of the three named receipts the capital receipt is dependent on specific actions from the site developer. All capital receipts up to the target are required to fund capital schemes already approved.
- 13.7 There is an ongoing risk over the value of receipts. However the current approved plan has taken a prudent approach on the value of potential receipts and number of assets to be disposed. Assets approved for disposal are reported to Council for approval, with the last report presented to Council in May 2013

<http://www.torbay.gov.uk/DemocraticServices/documents/s13655/Asset%20Disposal%202.pdf>

Capital Contributions – S106 & Community Infrastructure Levy

- 13.8 The latest target for securing capital contributions to fund the 4-year Capital Investment Plan is £0.5 million (required by March 2016). In addition the South Devon Link Road business case estimated external contributions including s106 payments of £2.1m to help fund the scheme.
- 13.9 The intention is that capital contributions are applied to support schemes **already approved** as part of Capital Investment Plan and not allocated to new schemes unless the agreement with the developer is specific to a particular scheme outside the Capital Investment Plan.
- 13.10 Income from s106’s capital contributions so far in 2013/14 is around £0.3 million and of this £0.04 million is assigned to help finance the South Devon Link Road. Of the balance where possible

depending on deed conditions this will be allocated to support existing expenditure and therefore reduce the target for capital contributions.

14 **Borrowing and Prudential Indicators**

- 14.1 The Council set its Prudential Indicators and monitoring arrangements for affordable borrowing in February 2013. The Authorised Limit for External Debt including long term liabilities (the maximum borrowing the Council can legally undertake) and the Operational Boundary (the day-to-day limit for cash management purpose) are monitored on a daily basis by the Executive Head of Finance and reported to Members quarterly.

The limits are as follows

- **Authorised Limit** £192 million
- **Operational Boundary** £173 million

External Debt, and long term liabilities, such as its PFI liability, as at end of December 2013 was £147.4 million, following repayment of £10 million of borrowing in August 2013. The current level of debt is within the Operational Boundary and the Authorised Limit set for the year. No management action has been required during the quarter.

- 14.2 The Council's capital expenditure has an overall positive impact on the Council's Balance Sheet. The majority of expenditure in the Capital Investment Plan is on the Council's own assets which will therefore increase the value attached to the Council's fixed assets. This also applies to investment in assets funded from borrowing where the increase in asset value will exceed any increase in the Council's long term liabilities. As at 31 March 2013 the Council's "Non Current Assets" were valued at £286 million.

15 **Possibilities and Options**

- 15.1 Council can propose changes to the Capital Investment Plan dependant on available funds.

16 **Consultation**

- 16.1 Where appropriate individual capital schemes have public consultation and negotiation with stakeholders.

17 **Risks**

- 17.1 That capital receipts, other capital contributions such as S106 and Community Infrastructure Levy and future year grant allocations will be not be received to support the Plan.
- 17.2 The contingency is approximately 1% of total planned expenditure on a total programme of £63 million. There could be inflationary cost pressures on the programme thus increasing expenditure.

Appendix

Appendix One - Capital Investment Plan Budget 2013/14 – 2016/17 (as at January 2014)

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

Revised 4-year Plan Jan 2014										
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Old										
Adults & Resources										
Adult Personal Social Services	-		0			0	0	0	0	0
Mental Health Care Initiatives	-	15	22			22	0	0	0	22
Various ICT Improvements	-	8	23			23	0	0	0	23
	0	23	45	0		45	0	0	0	45
Childrens, Schools & Families										
Asbestos Removal	-		9			9	0	0	0	9
Barton Primary Cap Project	1,908	1,921	2,402	(300)		2,102	440	50	0	2,592
Capital Repairs & Maintenance 2010/11	-	4	0			0	0	0	0	0
Capital Repairs & Maintenance 2011/12	-	30	202			202	0	0	0	202
Childrens Centres	462	76	81			81	300	0	0	381
Curledge St - Remodelling	2,612	34	33			33	0	0	0	33
Education Review Projects	-	119	301	(250)		51	350	0	0	401
Ellacombe - Remodelling	716		0			0	0	0	0	0
EOTAS Halswell House	48	1	0			0	0	0	0	0
Foxhole Community Multi Use Games Arrea	190		0			0	0	0	0	0
Foxhole Schools - Amalgamation	9,122		0			0	0	0	0	0
Minor Adaptations Childcare	-	2	5			5	0	0	0	5
My Place Parkfield	5,264		98	(98)		0	0	0	0	0
Oldway Primary Disabled Changing Rooms	117		0			0	0	0	0	0

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

		Revised 4-year Plan Jan 2014								
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
Paignton Community Sports College - Astroturf pitch	1,778		0			0	0	0	0	0
Paignton Community Sports College Mobile Replace 14-19 Project	898		0			0	0	0	0	0
Preston Primary - ASD Unit	1,476	24	24			24	0	0	0	24
Primary Places 2011/12	-	3	4			4	0	0	0	4
School Security	-		0			0	0	0	0	0
Short Breaks for Disabled Children	-	6	17			17	0	0	0	17
Special Education Needs - reactive works	-	(2)	24			24	0	0	0	24
St Margaret Clitherow Primary Bxm - Expansion		23	150	(100)		50	250	0	0	300
Torquay Community College Re-build (Building Schools for the Future)	28,669	105	176			176	0	0	0	176
Westlands 14-19 Project	692	1	0			0	0	0	0	0
Youth Modular Projects	-		51			51	0	0	0	51
Place & Resources		2,347	3,577	(748)	0	2,829	1,340	50	0	4,219
Babbacombe Beach Road	-		0			0	70	0	0	70
Barton Infrastructure	33	52	70			70	35	0	0	105
Barton Playing Fields	60					0	0	0	0	0

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

		Revised 4-year Plan Jan 2014								
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
Enhancement of Development sites	12	18	50	(20)		30	173	0	0	203
Former B&Q site Torre (24 units)	-		0	0		0	0	0	0	0
Haldon Pier - Structural repair Phase I/2	2,163	22	409	(334)		75	834	0	0	909
Harbour Development Phase 1&2 (Quay & Buildings)	20,088	(122)	(122)			(122)	0	0	0	-122
Highway Capital Maintenance annual programme	-					0	0	0	0	0
Integrated Transport programme	-					0	0	0	0	0
Housing - Advances Budget to be allocated	-		0	0		0	373	279	279	931
NGP - Great Parks Access	84	3	0	0		0	0	0	0	0
NGP - HCA Match Land Acquisitions	702	12	15	0		15	586	0	0	601
NGP - Strategic Cycleway	412	24	4	13		17	0	0	0	17
NGP - Torbay Innovation Centre Ph 3	69		0			0	346	0	0	346
NGP - Windy Corner Junction	10		1			1	0	0	0	1
Sanctuary HA - Hayes Road	250		0			0	250	0	0	250
Sanctuary HA - Langridge Road , Pgn (4 units adapt)		3	46			46	0	0	0	46
Hele's Angels scheme	-		0			0	0	0	0	0
Sea Change - Cockington Court	3,188	81	85	4		89	0	0	0	89
Sovereign HA - Beechfield (102 units + adapt 3 units)	144	142	151			151	0	0	0	151
Torbay Enterprise Project	500		0			0	250	0	0	250

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

		Revised 4-year Plan Jan 2014								
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
Westcountry HA - Preston Down Road (12 units)	-	11	11			11	0	0	0	11
Public Health	27,715	246	720	(337)	0	383	2,917	279	279	3,858
Insulation Scheme	-		0			0	0	0	0	0
Private Sector Renewal	-	2	29			29	0	0	0	29
	0	2	29	0	0	29	0	0	0	29
	81,667	2,618	4,371	(1,085)	0	3,286	4,257	329	279	8,151

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

Revised 4-year Plan Jan 2014										
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
New										
Childrens, Schools & Families										
Capital Repairs & Maintenance 2012/13	-	146	302			302	100	100	0	502
Cockington Primary expansion	-	228	927	(527)		400	2,800	45	0	3,245
Eilacombe Primary expansion	-					0	0	0	0	0
Mayfield expansion	987	320	434			434	0	0	0	434
Roselands Primary expansion	-	135	306	(100)		206	256	0	0	462
Schools Access	-	17	42			42	0	0	0	42
Torre CoE Primary expansion	-	337	790	(100)		690	650	15	0	1,355
Warberry CoE Primary expansion	-	873	1,446	(200)		1,246	221	0	0	1,467
Whiterock Primary expansion	-	176	300	(100)		200	800	0	0	1,000
	987	2,232	4,547	(1,027)	0	3,520	4,827	160	0	8,507
Place & Resources										
Affordable Housing	-		0			0	251	0	0	251
Flood Defence/Cliff schemes (with Env Agency)	-	203	378	(112)		266	267	0	0	533
Livermead Sea Wall structural repair	34	531	686			686	0	0	0	686
Oldway Estate works			0			0	400	0	0	400
Princess Pier - Structural repair (with Env Agency)	-					0	1,850	0	0	1,850
Princess Promenade Phase 3		54	89			89	0	0	0	89

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

		Revised 4-year Plan Jan 2014								
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
Riviera Centre renewal	-	813	891	100		991	20	0	0	1,011
Social Care - Hollacombe CRC	-	60	60			60	0	0	0	60
SWIM Torquay - improve facilities	-	505	557			557	30	0	0	587
Torre Abbey Renovation - Phase 2	3,648	1,312	1,421	(50)		1,371	50	0	0	1,421
Transport Gateway Enhancement	-	30	45	(14)		31	14	0	0	45
Transport Integrated Transport Schemes	-	394	631	263		894	495	120	0	1,509
Transport Structural Maintenance	-	378	1,035	30		1,065	953	840	0	2,858
Transport Western Corridor	-	78	245	(142)		103	0	0	0	103
Public Health										
Disabled Facilities Grants	-	414	614			614	500	519	0	1,633
	0	414	614	0		614	500	519	0	1,633
Govt Dept Non-ringfenced grants to be allocated to Projects	0		0			0	0	0	0	0
	4,669	7,004	11,199	(952)		10,247	9,657	1,639	0	21,543

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

Revised 4-year Plan Jan 2014										
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
New										
Adults & Resources										
Corporate Telephony System	0	167	168			168	0	0	0	168
Childrens, Schools & Families										
2 Year Olds Provision		57	253			253	0	0	0	253
Devolved Formula Capital		216	438			438	0	0	0	438
	0	273	691	0	0	691	0	0	0	691
Place & Resources										
Brixham Harbour - Major repairs		256	240			240	0	0	0	240
DfT Better Bus Areas	45	13	470	(270)		200	270	0	0	470
DfT Local Sustainable Transport Fund (Ferry/Cycle)	608	472	650	(43)		607	295	0	0	902
Edginswell Station- Project Development			100	(20)		80	80	0	0	160
Env Agency - Colin Road Culvert Replacement		9	4			4	0	0	0	4
Meadfoot Sea Wall structural repair			286			286	0	0	0	286
Public Toilets - Utilities saving measures			70			70	30	0	0	100
Riviera Renaissance (Coastal Communities Fund)		636	448	46		494	154	0	0	648
Torbay Leisure Centre - structural repairs	433	111	111			111	0	0	0	111

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

		Revised 4-year Plan Jan 2014								
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
Torre Valley North enhancements				127		127	0	0	0	127
Western Corridor		102	605	(105)		500	1,050	0	0	1,550
White Rock Business Park Land swap					275	275	0	0	0	275
Windmill Skate Park		56	56			56	0	0	0	56
Public Health										
Green Deal Fuel Poverty	167	321	321			321	0	0	0	321
	1,253	1,976	3,361	(265)		3,371	1,879	0	0	5,250
	1,253	2,416	4,220	(265)		4,230	1,879	0	0	6,109

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

		Revised 4-year Plan Jan 2014								
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
Prud										
Place & Resources										
Beach Hut Acquisition and Renewal (incl. Broadsands, Meadfoot)	14	138	1,349	(455)		894	845	0	0	1,739
Council Fleet Vehicles	213	14	100	(26)		74	176	0	0	250
Empty Homes Scheme	0		20			20	255	225	0	500
Office Rationalisation Project Ph 2 - Project Remainder	8,372	162	293			293	500			793
On Street Parking meters	650	144	207			207	0	0	0	207
Paignton Velodrome Cyclopark		11	780	(180)		600	960	0	0	1,560
Princess Promenade (Western Section) Repairs	2,592	887	1,176			1,176	0	0	0	1,176
South Devon Link Road - Council contribution	1,247	63	70			70	6,883	7,324	4,699	18,976
Street Lighting - Energy Reduction						0	515	0	0	515
Torre Abbey Pathway	25	22	25			25	0	0	0	25
Torquay Inner Harbour pontoons		815	800			800	0	0	0	800
	13,113	2,256	4,820	(661)	0	4,159	10,134	7,549	4,699	26,541
	13,113	2,256	4,820	(661)	0	4,159	10,134	7,549	4,699	26,541

CAPITAL INVESTMENT PLAN - QUARTER 3 2013/14- EXPENDITURE

Annex 1

Revised 4-year Plan Jan 2014										
	Expend in Prev Years (active schemes only)	Actuals & Commitments 2013/14 @ Qtr 3	Previous 2013/14 (@ Qtr 2)	2013/14 Q3 Adjustment s	New Schemes 2013/14	Total 2013/14 Revised	2014/15	2015/16	2016/17	Total for Plan Period
Cont										
General Capital Contingency	0		0			0	451	680	0	1,131
	0	0	0	0	0	0	451	680	0	1,131
TOTAL	100,702	14,294	24,610	(2,963)	275	21,922	26,378	10,197	4,978	63,475
CAPITAL INVESTMENT PLAN - QUARTER 2 2013/14- FUNDING										
Supported Borrowing			562	(100)		462	338	0	0	800
Unsupported Borrowing			7,823	(1,392)		6,431	12,642	7,824	4,419	31,316
Grants			13,693	(1,508)		12,185	10,574	1,114	54	23,927
Contributions			778	(18)		760	298	93	0	1,151
Reserves			677	108		785	853	180	0	1,818
Revenue			665	(20)		645	410	300	280	1,635
Capital Receipts			412	(33)	275	654	1,263	686	225	2,828
Total			24,610	(2,963)	275	21,922	26,378	10,197	4,978	63,475